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NOVEMBER 12 1977

THE NEWSWEEKLY FOR PHARMACY

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# Chemist & Druggist

The newsweekly for pharmacy

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## Comment

### Mr Moyle on the attack

As C&D went to press this week, it was understood that some MPs are pressing to put down a new "early day motion" on chemists' NHS remuneration. In the last session, a similar motion attracted 250 signatures.

Since contractors have been, on the face of it, equivocal over the Secretary of State's offer, it is significant that interest has been maintained in the House—there may even be sympathy for the dilemma the offer placed in the 7 out of ten contractors promised a little more in their pockets. But the interest is there, and many MPs have written to the Department's Ministers on pharmacy's behalf. And to judge by the tone of some replies, the Department is regarding attack as the best means of defence. We will quote a few points from a recent letter sent to a number of MPs by Mr Roland Moyle, Minister for Health.

Mr Moyle says that the proposed offer would have a significant effect in stemming the pharmacy closure rate which "is already showing signs of a marked decline" (21 per cent down in the second year ended July 31). Of course the rate will fall the closer we get to the point at which the register comprises premises which are economic because they are stores rather than because they are pharmacies. Perhaps Mr Moyle has a graph on his wall with a steep straight projection line through to zero, and views any minor levelling off as some sort of victory—pharmacy is looking for a reversal of the trend.

Mr Moyle points out that the PSNC "thought it right" to subsidise only 200 of the smallest pharmacies under the essential small pharmacies scheme. "Many of the remaining 300 are therefore by definition not 'essential' and may perhaps incur high operating costs simply because, for example, they are situated in expensive city centre sites which offer the best prospects for their non-NHS trade." That statement we regard as a travesty of the truth. Contractors are spending their own money on this scheme and in drawing up the qualifying criteria have clearly taken the view that it is better to save 200 with an average of £1,000 each, than to fail to save 400 by giving only £500 each. We are sure that PSNC will oblige Mr Moyle with broader criteria if his Department cares to contribute a little more cash.

On stock-holding, Mr Moyle tells MPs that the Department has endeavoured, through the inquiry, to replace assumptions by facts. We accept that eleven weeks was "notional," but so is 16 per cent return on capital. The two combined were designed to provide the agreed profit level, and the Department cannot logically reduce the one without increasing the other (unless, of course, they propose starving the profession into submission). Even under Mr Ennals' proposals as they stood, the bottom third of contractors would be better off putting their money in a building society, which is hardly in keeping with Mr Moyle's next statement: that for all but a minority of contractors it will be easier to replenish stocks either out of remuneration "or by demonstrating to would-be lenders that their NHS dispensing activities are now predictable." Try telling that to the bank manager!

We hope MPs will see through Mr Moyle's letter and that they might suggest he next writes when he can undertake to make NHS dispensing an economic proposition for all. They could also ask what happens in the years after Mr Ennals' £5m to "prime the pumps" of differential on-cost. The present outlook is that there will be fewer and fewer pharmacies left to foot the bill.

**Benn**

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# 'Early day' motion for pharmacy imminent

A new "early-day" motion seeking support for pharmacy was expected to be tabled in the House of Commons this week as *C&D* went to press.

The MPs John Ovenden and Jim Lester were to be the main sponsors of a motion recognising the importance to the community of retail pharmacists, expressing concern about their closure rate and calling upon the Government to make available sufficient funds to ensure a comprehensive pharmaceutical service to the whole community, in particular those people most in need—the elderly, the very sick, and mothers with young children.

Miss Maureen Tomison, the Pharmaceutical Society's head of publicity, told *C&D* that branch Press officers have all been primed to launch a massive campaign urging MPs to support the motion when it is tabled. She has written to 161 MPs pointing out how many pharmacies have closed down recently in their individual areas. All those MPs replying have pledged their support and some have agreed to table questions.

## Timetable for 1978 LPC and PSNC elections

The term of office for the Local Pharmaceutical Committees and the regional representatives on the Pharmaceutical Services Negotiating Committee expires on March 31, 1978. Elections for Committees taking office from April 1, 1978, to March 31, 1982, are to be held.

Pharmacy contractors are entitled to a single vote in each election for each Family Practitioner Committee area in which they have premises. Nomination papers and voting papers will automatically be sent to every head shop. To ensure that branch shops are taken into account in the preparation of the electoral rolls, a form has been despatched to all branches for return to Langwood House by November 30 to indicate the name and address of its head shop and the area in which it is situated.

The timetable for both elections is: election notice and nomination forms to be issued not later than January 10, 1978; nomination papers to be returned by 12 noon on January 27, 1978; voting papers to be issued not later than February 14, 1978; voting papers to be returned by February 27, 1978; results declared on or before March 20, 1978. Separate elections are being arranged for employee representatives on LPCs.

Administrators of FPCs are being asked to supply lists of employee pharmacists employed by pharmacy contractors within the area. Any employee pharmacist who is in doubt as to whether his name has been submitted should forward his name and address together with the name and address of his employer to the secretary, Pharmaceutical Services Negotiating Committee, Langwood House, 63 High Street, Rickmansworth, Herts, not later than January 5, 1978.

## Clothier Committee ready to agree date for report?

The Clothier Committee was expected to meet again on Thursday, after *C&D* went to press, hopefully to sign its report on dispensing in rural areas and agree on a date for publication.

This was announced by Mr Graham Walker, a member of the Committee and of the Pharmaceutical Society's Council, at the Suffolk LPC conference on Sunday. He asked contractors to give their wholehearted support to the Committee's recommendations which represented the "first hesitating move to heal the sore which has divided our two professions for almost the entire twentieth century."

Mr Walker said the report's recommendations would not be "earth-shattering" but would be a step forward, "albeit only a small one" for those who wished to see pharmacy dispensing available to NHS patients.

## Poisoning low on list of home accidents

Poisoning accounted for 0.2 per cent of home accidents in the first six months of the Department of Prices and Consumer Protection Home Accident Surveillance System.

This system was set up in January to gather comprehensive data about home accidents and their causes. It is hoped that this data will help identify priority areas for home safety publicity, to influence manufacturers and others in developing safety standards and indicate possible areas where regulations might assist in reducing accidents.

Information for the system was collected from 20 hospitals in England and Wales which have 24-hour accident and emergency departments. Children aged up to 4 years made up the largest group treated for home accidents (25.3 per

cent). Cuts were the most common injuries treated (34 per cent) and 32 per cent of accidents occurred in the kitchen and living room.

Stairs and steps were involved in most (3,614) of the accidents, chairs in 1,060, tins and tin openers in 887 and "pills" in 307. The Department says that outside the United States, this is the first time such comprehensive information has been collected anywhere in the world.

*The Home Accident Surveillance System—Report on first six months Data Collection (safety research section, room 003 1 Victoria Street, London SW1).*

## Antobond in liquidation

Antobond Ltd, Boar Lane, Leeds, have gone into voluntary liquidation with debt of almost £50,000. Mr A. D. Fisher, 79 Baker Street, London W1, has been appointed as liquidator.

Antobond Ltd recently gave an undertaking to the High Court of Justice that after June 30 they would not sell anti-smoking products under a name mark style or title including the word ASP or any colourable variation of APS (*C&D* August 20, p237). It is understood that stocks bearing the name ASP are still in the distribution network and will continue to be sold. The injunction applied only to Antobond Ltd although stocks were expected to be withdrawn from wholesalers and replaced by a new pack.

## Pharmacists campaign over Canadian OTC drugs law

An Ontario government programme to stop misuse of potentially dangerous over-the-counter drugs is "awkward, confusing and an inconvenience to customers," says the Ontario Pharmacists' Association.

And to help clear up the confusion, the Association is to spend more than £15,000 on an advertising campaign for a few weeks "to remedy what we see as a vacuum in the government's part in explaining the new law."

The confusion arises from the provision in the Health Disciplines Act which requires chemists to exercise personal control over the sale of Schedule C drugs which include cough and cold syrups, antacids, laxatives, analgesics, reducing and anti-smoking aids and other popular self-medications whose ingredients may be hazardous if misused or abused. Customers can no longer take a Schedule C drug off the shelf and pay for it at the cashier's desk with their other purchases but have to take it to the dispensary and pay for it there.

Mr David Bloom, an Association spokesman, told *C&D*'s correspondent "There has been a lot of public resistance to this move. People think it is an inconvenience and think that chemists are deliberately making it awkward for them."



# Pharmacists first for dispensing

in the best interests of patients, dispensing should be the responsibility of pharmacists, writes the Conservative Medical Society in the second part of its evidence to the Royal Commission on the National Health Service.

The CMS hopes that the Joint Committee on Dispensing in Rural Areas will accept that the pharmacist is the natural first choice to dispense medicines, and that its recommendations will create stability and harmony.

The report outlines the role that pharmacists, particularly in hospitals, can play in cutting drug costs by telling prescribers which are "best buys" where a choice of similar drugs exists. "The pharmacists' role within the decision-making team can be strengthened without infringing the ultimate freedom of the doctor to prescribe what he believes best for his patient." But the report adds that the cost of drugs amounts to little over 11 per cent of the total NHS budget, so that "even the most draconian restrictions could effect only relatively small economies."

The CMS acknowledges the community pharmacist's role in "instant prescribing" for coughs, colds and rashes. "There is always the danger of the pharmacist not recognising a symptom of serious illness as this is not in his training, but his knowledge of the minor illness circulating in the area and his constant guard against prescribing unless absolutely sure together with a warning to the patient to see his doctor if the symptoms do not subside reasonably quickly, provide adequate safeguards for the patient in nearly every case."

## Bristol-Myers comment on amoxycillin decision

Despite a recent House of Lords decision (last week, p685), Bristol-Myers believe their subsidiary, Bristol Laboratories International SA, is entitled to continue to make and sell amoxycillin where it is presently being marketed. They say that the decision—that the subsidiary does not have a licence to manufacture and market the drug under a 1959 agreement with Beecham—is not conclusive in the infringement proceedings commenced by Beecham in various countries.

Bristol-Myers International SA hold an uncontested licence under certain basic synthetic penicillin patents and believe

The new headquarters of the Pharmaceutical Society of Ireland (see story below) is described by the agents as "a property of quite exceptional charm and character" (picture courtesy auctioneers Hooke & MacDonald, Dublin 2)



## New headquarters for Irish Society

The Pharmaceutical Society of Ireland expects to be in its new headquarters at 37 Northumberland Road, Dublin 4, before the end of the year. The building is a three-storey, bay windowed, semi-detached house in a "prestige" location about a mile from the city centre. It has an internal floor area of over 2,600 sq ft and

comprises 12 main rooms plus service rooms. The Society has to carry out some work to convert two floors into offices, the third (lower) floor must remain as residential accommodation. No. 37 is situated on the western side of Northumberland Road, mid-way between Lansdowne Road and Lower Mount Street.

that the relevant foreign courts will hold that that licence, coupled with certain disclosures which Beecham made to Bristol-Myers, permit them to continue to manufacture and sell amoxycillin. Bristol-Myers also believe that the specific amoxycillin patents which form the basis of the English action are invalid. The company says that Bristol-Myers subsidiaries manufacture amoxycillin by a process which is different from the Beecham process and Bristol-Myers believe that their process does not infringe the Beecham patents involved in the English litigation in those countries in which Beecham secured process patents, even if such patents were found to be valid.

## Fine after sale of psoralen products

SAS Scientific Chemicals Ltd were fined £1,250 and £350 costs at Bow Street Magistrates Court recently.

The company pleaded guilty to 17 charges concerning the importation, possession, and sale and supply of Trisoralen tablets and Methoxypsoralen capsules not in accordance with a product licence. Under the terms of the Medicines Act, the company can only import the products against a specific doctor's request for a particular patient.

## 'Which?' advises make up own first-aid kit

Purchasers of first-aid kits would get better value and a better kit for little extra trouble by making one up themselves, according to the latest *Which?*

With the help of eight experts (not named), *Which?* compiled a list of injuries with which a first aid kit should be able to cope: wounds, burns and scalds, broken bones and sprains. The kit should contain sterilised wound dressings (medium and large), triangular bandages, tissue wipes (for cleaning), adhesive plasters, stretch bandages, safety pins, scissors and a clean cotton handkerchief. The quantity would vary depending on whether the kit was for home or car.

The report regrets that ambulance dressings are difficult for the public to obtain. The experts advise against using lint for wound dressings because it sheds "bits". They prefer gauze dressings. Paracetamol and something for bites and stings was suggested but not included in the *Which?* kit, which cost £4 for the home and £4.50 for the car. All the ready made kits had drawbacks according to the experts but the most satisfactory is available on mail order and sold mainly to motorists.



# Pharmacy survival unit

## 'urgently needed'

A pharmacy survival unit is urgently needed to maintain the present network of pharmacies, Mr Graham Walker, member of the Pharmaceutical Society's Council, said on Sunday.

Such a unit could be managed by the Pharmaceutical Services Negotiating Committee under a "highly experienced pharmacist" operating through Local Pharmaceutical Committee secretaries. The unit, which could be supported financially by the Pharmaceutical Society and the National Pharmaceutical Association, would provide emergency locums when illness or death threatened a pharmacy's viability, it would provide management expertise and legal advice to the next of kin and help financially with the sale of the pharmacy.

"All this will cost money," Mr Walker told a conference of Suffolk contractors, "but don't forget that each pharmacy closure means a net loss of around £100 in fees to the Society, NPA and PSNC."

### Lack of support in crisis

Mr Walker believed the main reason for closure of small pharmacies was the lack of support at times of crisis. Too often the attitude of professional colleagues was based entirely on self interest in that the closure of a small pharmacy meant a greater income for its larger brother down the road. The Society, NPA and PSNC had failed dismally to maintain the present network of pharmacies—"indeed I can find little evidence to suggest that any of them have seriously tried to help"—although Mr Walker welcomed PSNC's recent proposal to set up a "discretionary fund" to help prevent essential pharmacies closing because of the pharmacist's illness or death.

Mr Walker explained how the Lincolnshire LPC accepted its responsibility for maintaining pharmacy dispensing for all patients in the county. The Committee helped with the sale of businesses when colleagues wished to retire, 20 retired or part-time pharmacists were available for emergency locums, and in cases of sudden death the Committee's officers were empowered to remove from the next of kin the immediate burden of keeping the pharmacy open.

"No one can predict whose turn it is going to be next and it is reassuring to know that one's dependents can expect to receive such tangible support from pharmaceutical colleagues," said Mr Walker.

Mr Bob Worby, PSNC's chairman, told

the conference that the Department of Health would not be allowed to rest until PSNC got satisfaction in its fight for a better deal for contractors.

Although it was a bad time to be asking for money—"it always is"—Mr Worby believed pharmacy had a case which PSNC would push hard. "We should press on with our campaign in Parliament and outside it—and our success will be greater and more immediate if each and every pharmacist develops it in his own way, not only by nagging his MP and acquainting his customers and patients with the situation but by the level and quality of service

he provides. In short, by the image of projects."

Although small advances had been made—including better terms on notion rent calculations, £4m on a provision discounting advance, and the £5m "pump priming money"—contractors would still be £5m worse off by the end of this year (but breaking even next year) than they would have been without these improvements and without the £11m cut. "It's that £5m and the meat of our £10m claim that I am still after."

While there was a temporary disunity because of the divisive nature of Mr Ennals' offer, Mr Worby felt unity had been achieved by agreeing to go back to the secretary with a compromise and "press our claims for more with undiminished vigour." He added, "We are moving steadily towards equity and, when new money comes in and we apply it mainly at the lower end, we shall approach a situation where the sleeping giant stirs where the whole of general practice pharmacy feels the pangs of financial starvation equally."

## Chemical industry's trade surplus up 32 per cent

The British chemical industry achieved a record trade surplus of £1014m in the first nine months of 1977, an increase of 32 per cent in value (11 per cent in volume) on the same period last year. Commenting on the figures Mr Martin Trowbridge, director general of the Chemical Industries Association, said that the industry's record exports of £2887m were exceptionally good, especially taking into account the difficult times being experienced in world markets for chemical products.

"The strengthening pound will make our task even tougher, but the UK chemical industry is well placed, with modern plant and skilled man-power, to meet this new situation", he said. "Export growth rate may well slacken next year, reflecting both our hardening currency and the below trend growth in world trade gen-

erally. The stronger pound will also increase the attractions of the UK market for imported chemicals from our international competitors, thus reinforcing the challenge that faces us".

## Plans for pharmacists' visit to China

Mr Mervyn Madge, member of the Pharmaceutical Society's Council, says that he has received permission from Peking to take a party of not more than 24 pharmacists to China in October 1978. The 17-day tour (15 days, 14 nights in China) will cost £1,025 inclusive of air fares, food, board, a tour and visas.

As Mr Madge has to give notice of intent to Peking within three weeks he would like some idea of support. He asks all interested pharmacists to contact Stud China Travel Ltd, 27 Leyland Road, London SE12 (01 852 4470) who will be making the necessary arrangements.

Mr Frank Battersby, MPS, (centre) of Haddenham, Cambs, with the Ford Fiesta which he won in the recent Unichem "Baby Bonanza" competition. Mr Battersby is accepting the keys from Mr Geoffrey White, Unichem's marketing director, while Mrs Battersby and the company's sales manager, Mr John Speller, look on approvingly.







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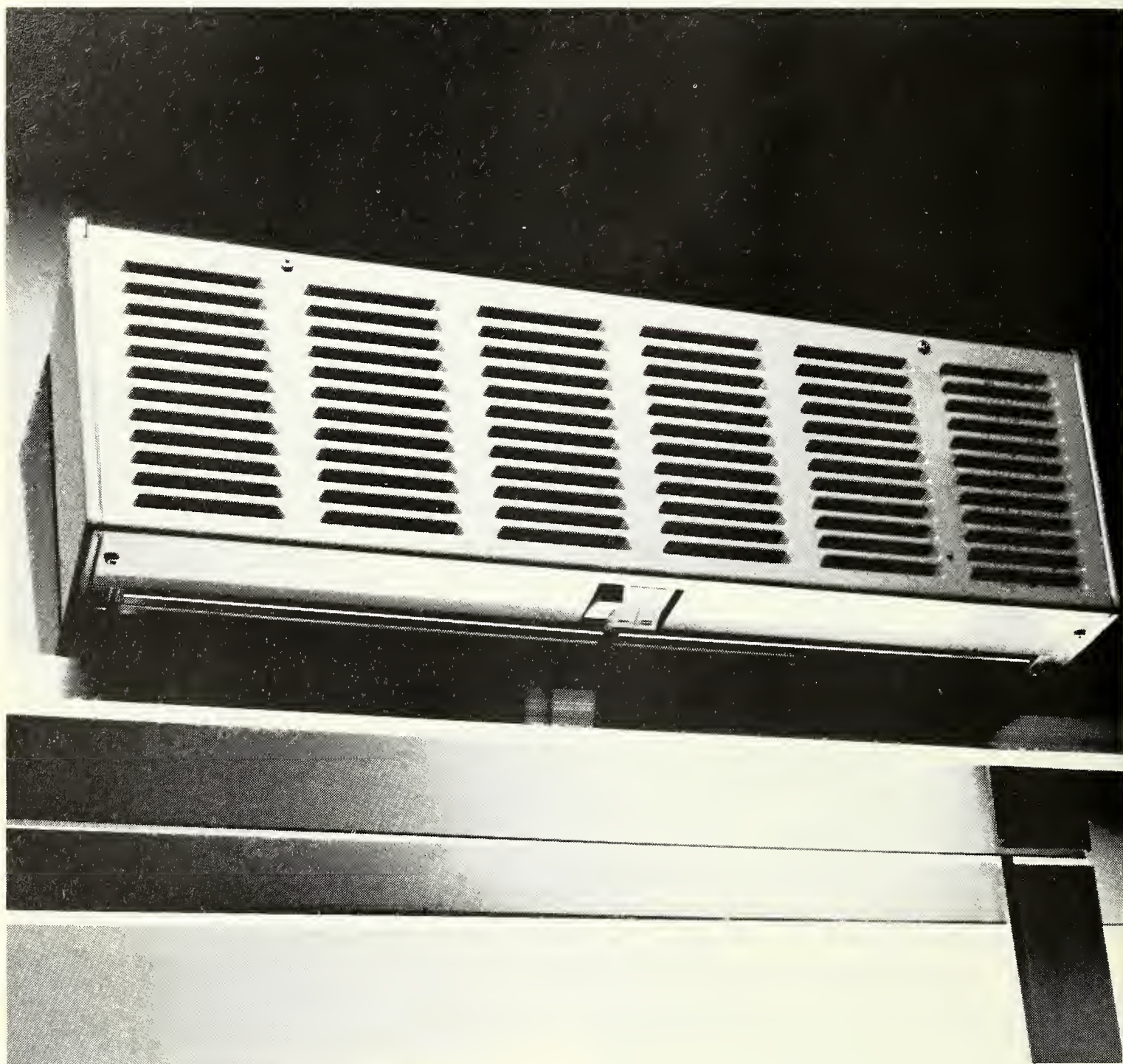
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# People

## Second lady president for NI Society

Mrs C. O'Rourke was elected president of the Pharmaceutical Society of Northern Ireland at last month's Council meeting. Mrs O'Rourke was previously vice-president and is only the second lady to hold the office of president in Northern Ireland. Mr S. Moore was elected vice-president and Mr G. E. McIlhagger re-elected as treasurer (see p749).

**Professor P. F. D'Arcy**, head of the department of pharmacy, Queen's University, Belfast, and member of Council, Pharmaceutical Society of Northern Ireland, has been appointed to the Medicines Commission with effect from January 1, 1978 (see p749).

**Mr Michael Geary**, a proprietor pharmacist in Leicester, recently appeared on the BBC television programme "Mastermind". His speciality questions were on "History of the Church of England from 1530". Mr Geary and two other contestants all achieved 19 points against the winner's 20.

**Mr R. G. Macauley**, a proprietor pharmacist in Portrush, co Antrim, was featured recently in the television programme "Songs of praise". As production controller in a team of 12 he was shown preparing a talking newspaper for the blind cassette tape. The tapes contain local news topics and events and are intended to encourage the blind to become interested in community affairs.

## News in brief

□ An increase in the payment for oxygen masks is included the November Scottish Drug Tariff price revisions. Douches, nipple shields and pessaries are also included.

□ Chemist contractors in England and Wales dispensed during August 22, 694, 966 prescriptions (13, 864, 138 forms) at a cost of £45,171,159 representing a cost per prescription of £1.99.

□ The prohibition on Dr Sukumar Sarkar, 46 Linnet Hill, Rochdale, Lancs, from possessing, prescribing, administering, manufacturing, compounding and supplying, and from authorising the administration and supply, of products specified in Part I of schedule 2 to the Misuse of Drugs Act 1971 has been cancelled with effect from November 1.

## Budget reliefs

The taxation reliefs for close companies, announced in the recent Budget, apply to accounting periods ending after October 26, not as stated in a printer's error (last week, p693).

# Topical reflections

BY XRAYSER

## Responsibility

There was much to interest in the Irish Pharmaceutical Congress at Galway. I was particularly impressed by the address of Mr Aidan O'Shea, president of the Irish Pharmaceutical Union, whose contribution was a model of clear thinking and lucidity. His central theme was professional responsibility. In addition to a recognition of the vigilance of the pharmacist in regard to the accuracy and safety of prescribed medicines, Mr O'Shea was explicit in the matter of discouraging excessive self-medication on the part of the public.

It was, he said, a source of dismay to him—as it is to others—that many pharmacists have delegated the sale and advice on non-prescription medicines to unqualified junior staff. The speaker referred to what he called "the consumerist approach to drugs and medicines", and he added that calls to confine the sale of medicines to pharmacies rang hollow when pharmacists were not prepared to exercise control. (In that regard, I particularly liked his reference to the need to exercise a "pharmacologic calvinism".)

But, of course, the consumerist approach to drugs and medicines will continue so long as medicines are treated as ordinary articles of commerce, by governmental bodies, by manufacturers, by supermarkets, by advertisers and by the pharmacists to whom Mr O'Shea makes reference. For example, in the same issue as reports the Galway conference there is a paragraph concerning a business merger of a number of companies, one (or more) described as engaged primarily in the production and marketing of chemical products and products for the "health industry."

Dr M. V. Coughlan referred to the pharmacist frequently being the first line of contact with the patient and he might have added that he is also the last, for when the patient leaves the pharmacy he is on his own. Not only is it imperative that his medicine is correct in every respect, but there must be complete understanding of its use. Dr Coughlan pointed out that the vigilant pharmacist frequently refers patients to their doctor and asked the obvious question of how many were so referred by the supermarkets. He thought it was high time that medicines were taken out of the supermarkets and put back into pharmacies. That would be in the interests of the consumer, if not those of the supermarkets or the industry.

As the speaker pointed out the pharmacist is in a unique position to educate the "wandering patient" and to educate him about the misuse of drugs and warn the doctor of his existence. But only if the pharmacist, in the words of Mr O'Shea, exercises control and does not delegate his responsibilities to unqualified junior staff. The contribution of Mr O'Shea was outstanding.

## Dignity

I saw a collection of chemist's labels recently—a collection dating back more than one hundred years—and was much impressed by the dignity of the wording of many of them. By the time I entered pharmacy acidulated drops had been demoted to simple "acid" drops, and stomachic powder had given way to stomach powder. A large number of the labels used such descriptions as "genuine" and "best" taking a leaf out of the book of the proverbial fishmonger.

Lavender water was always double distilled, and, in fact, I made the acquaintance of *triple* rose water early in my career. Seidlitz powders were modestly described as "improved". Coconut oil was "Asiatic", and castor oil was superior, when not described as "cold drawn"—if not quartered. Honey water, a shop round of which I dusted on my first day, was "odoriferous", and my recollection is that that description would have satisfied any act concerning the description of goods.

But what of ginger beer powders, reputed to be for making tumblers of ginger beer "in the highest state of perfection"? Or, for that matter, compound cortical essence of red Jamaica sarsaparilla? And would any "real" Bengal curry powder have sold if labelled "unreal"? Even French polish was "imperial". But does anyone today know of the Lady Heskeths dinner pills?



# Letters

## Leave 'Peter' alone

I am disgusted with the letter written by Mr Graham Walker (*C&D*, October 29). This is exactly the kind of attitude that Mr David Ennals has tried to create and it appears has succeeded.

I am probably in the "Peter class" whatever that is and through hard work, long hours and against national opposition and very little help from my union or society, I have managed to build up a "viable" pharmacy so that I can try to give my family a chance to grow up and become anything but pharmacists. It is very hard work and exceptionally responsible. The thought of any of the monies I earn going to "corner shop" pharmacies who cannot justify their existence other than "there ought to be a pharmacy there" principle simply angers me as I have never been angered before.

I do not think that one penny of my hard-won earnings should go to other pharmacists unless I choose to make that donation. I therefore plead that no other pharmacist who is able to rationalise his thoughts thinks in the terms of Mr Walker's letter. It is clear that we need larger on-costs, increases in fees including rota and—though nobody seems to have mentioned it—shorter hours.

Max Wigley  
Cardiff

## Not ill-informed

I am obliged to Mr G. Urwin for highlighting the difficulties, not just of a political observer, but of all chemist contractors who must interpret events from the Press. I was not at the October conference, but as one of the PSNC's keenest critics I am neither naive nor ill-informed.

Let us scrutinise Mr Urwin's claims. He takes it as a fact that he "urged PSNC to make a final effort to achieve an immediate and positive guarantee from the Government of a marked increase in profit". Your report (October 8, p510) says he believed "the Government did not want to know—an *impasse* had been reached. Contractors could not be worse off going to arbitration on the basis of recouping losses over past years". He does not appear to have considered the reasons for *not* seeking arbitration.

Mr Urwin contends that he "asked conference to have the advantages of PSNC becoming registered as an independent trade union fully investigated and for those facts to be fully reported to contractors". The *Pharmaceutical Journal* report (p327) quotes Mr Urwin as the rep-

resentative of the Northumberland LPC believing "that there was *no alternative* but to register as a trade union to strengthen the profession's bargaining position". Mr Alan Smith instigated the demand by suggesting that a paper should be provided by the PSNC for representatives to see the advantages and the disadvantages of trade union status.

For Mr Urwin the "hard fact" of Scottish remuneration is that they get a few more pence per prescription north of the border. If you do get more pence per prescription and still only achieve 12 per cent return on capital then you obviously receive that return on a much smaller number of prescriptions per contractor than is the case south of the border. The hard fact for any businessman still remains the return on capital and not the isolated facts of income without reference to costs. Although there is a different formula for arriving at remuneration in Scotland, the return on capital invested when compared with our present level in England and Wales will hardly influence arbitration effectively.

Mr Urwin claims I intended to mislead when I criticised his proposition on the grounds that £0.6 million could be saved by excluding category one contractors. That impression was gained from the *Pharmaceutical Journal* (p325) stating "Northumberland believed that pharmacies dispensing less than 750 prescriptions a month (9,000 a year) should continue to receive 10½ per cent as at present if they were non-essentials." This would mean deprivation for 500 category one contractors of the 21 per cent on-cost intended by the redistribution, unless they "were giving an essential service and registered as such".

To my mind this is a direct snub to a group of people already discriminated against since 1964 by the flat rate on-cost system, and who unfairly receive a *minus* 46 per cent return on capital investment.

Mr Urwin must question his own credibility, for his intentions are clearly reported by editors who tape-record the proceedings. If he does not like the platform he has created he does not need to stand on it.

Noel Baumber  
Grantham

## Cost of salaried service

It was most interesting to read (*C&D*, October 22) the suggestions of Mr P. Crees as to how a pharmaceutical service might be organised on a salaried basis, but may one be permitted to wonder whether he has costed out his proposals or considered their manpower implications?

Let us take his larger establishment, serving a population of 15,000 and employing three pharmacists plus technicians and clerical staff. The numbers of the latter are unspecified, but three technicians and one clerk seems reasonable since it is unlikely that fewer technicians than pharmacists will be employed.

Salaries of, say, £7,000 pa for the chemist and £4,000 for the assistant pharmacist look about right, while the technicians and clerk might be obtained for as little as £2,500 each. This gives an annual salary bill of £25,000 and we might allow another £5,000 pa for running expenses, pausing only to note that salaries in the general distributive trades only amount to 50 per cent of added value and on this basis we ought to allow a sum equal to salaries for running expenses.

We thus arrive at an establishment costing a minimum of £30,000 pa to run and the national average of six prescriptive items per head per year dispensing 45,000 items annually. This implies a cost per script of 66.7p which may be compared with the present (June 1977) figure of 40.1p. An extra 16.6p per script item over 300 million items per year implies a minimum extra cost for a salaried service of almost £50 million per year.

There is, one hopes, no need to add that we have not considered the costs of providing holiday and illness relief, nor the cost of the army of administrators needed to form a chain of command up to the Elephant and Castle, nor the distribution costs that would follow the collapse of the traditional wholesalers, nor the stock holding costs which would inevitably follow, but have certainly calculated sufficiently far to show just how badly paid and highly efficient retail pharmacy is now.

We can also see how much money the Department of Health could find for retail pharmacy if sufficiently hard pressed (for we must assume, with small evidence, that their computers are better than our pocket calculator) and for this at least Mr Cree deserves the wholehearted thanks of all struggling retail pharmacists.

R. Gartside  
Liverpool

## Babymilk price-cutting

I enclose a copy of a letter sent to Färley Health Products Ltd. The article referred to described a film the company made on the problems facing general practice pharmacists (*C&D*, October 22, p605). They seem to want the best of both worlds.

J. Britton  
Long Eaton

Mr Britton's letter reads:—"We wish to direct your attention most forcibly to undercutting of price occurring in Long Eaton for your products, particularly Ostermilk. Ostermilk No 2, improved formula and Ostermilk complete are being retailed at 46p per carton at Goodwins, 20 High Street, Long Eaton.

Your article and photograph in the current issue of *C&D* might well be all too true if you condone price cutting of this nature. Your comments and how you propose to deal with this matter are awaited with interest—also we shall be

Continued on p747



# THE INTER-DENS TOOTHBRUSH WILL REACH ALL THE RIGHT PLACES



Dentists are seeing this Inter-dens development featured in their professional press and are receiving samples and leaflets for surgery distribution.

Your customers are also reading about this quality toothbrush advertised in leading women's magazines.

With the advice of members of the dental profession the Inter-dens Toothbrush has been designed to match dental instrumentation.

The small compact brush head with resilient rounded-end filaments is carefully angled to reach all the back and inner tooth surfaces, promoting the optimum cleaning action whilst stimulating the gums.

Inter-dens Sticks are recognised by the dental profession as a valuable aid to good oral hygiene and dental health. Now you can recommend the Inter-dens Toothbrush with confidence. Available from your

usual wholesalers, or see your Nicholas salesman and ask him for the promotional display material and leaflets.

## Inter-dens for people who really care for their teeth

Nicholas

Inter-dens products for oral hygiene.  
Nicholas Laboratories Ltd.,  
225 Bath Road, Slough, SL1 4AU.

'Inter-dens' is a trade mark.

1449



# If you want to see how powerful the latest NURODOL campaign is, read the papers this week.

Daily  
Record

Sunday  
People

DAILY  
Mirror

THE  
Sun

## And every week this year.



We're serious about Nurodol.

So we're following our launch advertising with a fresh campaign that really gets to the heart of the matter.

Our advertisements will be in the Sun, Daily Mirror, Daily Record and Sunday People. Newspapers which between them have an average daily readership of over 38 million. And these advertisements will be appearing every week this year.

We believe support like that shows we mean business. Is your pharmacy ready for the demand that a big press campaign like this is sure to generate?

## Nurodol, From Beecham.

A good product with great support.



# New products

## Sunglasses

### Polaroid's Quant collection

A new collection of sunglasses designed by Mary Quant is being introduced by Polaroid this autumn for sale in 1978. Polaroid say that the models she has developed for them lend "an international fashion elegance" to the collection and each bears her exclusive daisy motif, as well as the Polaroid trademark. Two of the designs are metal frames and there are three frames in moulded plastic. Colour variations in all five shapes expand the collection to twelve models. A black velvet carrying case bearing the daisy motif is supplied with every pair and Polaroid have produced a silver coloured counter display stand for the collection (Polaroid (UK) Ltd, Ashley Road, St Albans, Herts).

### Foster Grant in the Camargue

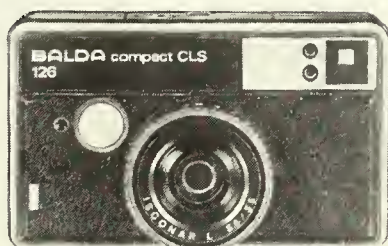
Wilkinson Sword Ltd have added a new collection of sunglasses to the Foster Grant range. The styles were inspired, they say, by one of the wildest places on earth—the Camargue region of France, and so the collection is called Camargue. The company describes the place as being "an untamed region of wild bulls, open sea, wind, blazing sunshine and the famous wild horses" and the range as being "free, wild, elegant and sophisticated". It is a small range with nine styles (£15.00 each), all of which will be exclusive to the UK. The sunglasses have gradient CR39 lenses, the eye frame is wide with a fine tubular decoration at the top and the Camargue logo of a horse's head against the sun, is inlaid into each temple arm (Wilkinson Sword Ltd, Sword House, High Wycombe, Bucks HP13 6EJ).

## Photography

### Balda 126 models

The Balda Compact CLS and Compact CL are two 126 cartridge cameras (expected to retail at about £33 and £21) incorporating electronic query which indicates when tripod or flash bulb is needed. Both models are fitted with a front cover making a conventional carrying case unnecessary.

Specifications for the CLS include an Isconar L.f5.63 element, 35mm focal length lens, with focusing adjustment from 1m to infinity in metres and feet; electronic shutter, infinitely variable from 1/1,000 sec to 8 secs, automatically; clear, twin axis viewfinder with bright frame and



parallax indication, warning light for insufficient light; two Mallory MN 625 batteries or equivalent; Magicube flash socket.

CL specifications are similar in appearance to the CLS except for the meniscus f11, 42mm, fixed focus lens and two speed shutter having manual selection on lens ring with symbol scale—sun 1/125 sec, cloud 1/40 sec. (Highgate-Dufay Ltd, 38 Jamestown Road, London NW1 7EJ).

## Cosmetics and toiletries

### Chantilly skin perfume

Houbigant have introduced Chantilly liquid skin perfume. It has a rich emollient base with a high percentage of essential oils. Houbigant say the evaporation rate is extremely low and the fragrance lasts longer than the alcohol-based perfumes. Available in 7.5ml "unbreakable" bottles at a special introductory price of £1.50 (Houbigant Ltd, Balcombe Road, Horley, Surrey).

### Color Matte foundation

Color Matte foundation (£3.95) has been introduced by Germaine Monteil for those women who want a good quality fluid make-up which has high coverage but which is available at a medium price. The company says extensive research has proved that foundation is the most important part of many women's make-up and that very different kinds of foundation are sought. It feels that Color Matte fills a gap in the present range. It is available in four shades, beige pastel, beige cendre, beige rose, and beige dore and has its own applicator built into the lid. The product will be available for sale in February (Germaine Monteil, 33 Old Bond Street, London W1X 4PH).

### Max Factor lip colour

Creme shine lip colour (£0.89) from Max Factor is described as a new kind of lip colour, one that "colours like a lipstick, protects like a moisturiser and shines like

a gloss". It is available in six shades and is presented in a slim see-through container with a sponge tipped applicator, for sale from December. The company has also introduced four new flavours to the lip potion range. The flavours are inspired by Canada Dry mixers and are said to promise tasty lips; they are cola, orangeade, ginger ale and cherryade (£0.72). Available for sale from November 14 (Max Factor Ltd, 16 Old Bond Street, London).

## Dietary

### Special diet products

Cantassium Co have introduced a range of gluten-free products which include the basic ingredients for preparing foods in the Rita Greer recipe book "The first clinical ecology cook book". The packaging and the cookery book incorporate a set of symbols indicating that the product is gluten-free, cholesterol-free, albumen-free, low sodium, etc. The Rita Greer range includes crumble mix (£0.84), sweet biscuit mix (£0.80), fruit cake mix (£0.66), instant drink (£1.08), bread mix (£1.18), tomato soup (£0.61), Bolognese sauce (£0.66). Also included in the range are special diet flours, carob powder, fructose, pectin and baking powder (The Cantassium Co, 225 Putney Bridge Road, London SW1).

## on TV next week

Ln—London; M—Midlands, Lc—Lancashire.  
Y—Yorkshire, Sc—Scotland, WW—Wales and  
West, So—South; NE—North-east, A—Anglia;  
U—Ulster; We—Westward; B—Border;  
G—Grampian; E—Eireann, CI—Channel Island.

**Aquafresh toothpaste:** WW, We

**Band-aid:** All except B, E

**Beecham's night nurse:** All except E

**Beecham's powders:** All except E

**Benylets:** All except Ln, M, U, E

**Blue Stratos:** All areas

**Fairy toilet soap:** All except Ln, So, CI

**Fenjal creme bath:** Ln

**Galloway's cough syrup:** Ln

**Haliborange:** M, Lc, Sc, So, G

**Head and Shoulders:** Ln, M, Y, Sc, So, A, U, G, CI

**Hometrim:** M, Lc, Y, Sc, NE, G

**Norsca foam bath and soap:** Y

**Old Spice:** All areas

**Parkers cough linctus:** Ln, M, WW, So, A, We, CI

**Philishave:** All areas

**Radox herbal bath:** All except E

**Remington M3 shaver:** All areas

**Seven Seas orange and cod liver oil syrup:** Ln

**Silvikrin hairspray:** All areas

**Silvikrin shampoo:** All areas

**Vitarich:** Lc

**Wilkinson II razors:** All except E



# Trade News

## Betadine confusion

Napp Laboratories Ltd, Hill Farm Avenue, Leavesden, North Watford, Herts, believe that there may be some confusion amongst pharmacists with regard to the dispensing of Betadine VC kit and Betadine vaginal gel. Some doctors may merely be writing on the prescription "Betadine VC", which the pharmacist is reading as "Betadine VG" (ie Betadine vaginal gel), particularly if he is currently unaware of the existence of Betadine VC kit.

## NI gets new Drapsule

Film-coated Bactrim Drapsules have been introduced into Northern Ireland by Roche Products Ltd, Broadwater Road, Welwyn Garden City, Herts. The new Drapsule will gradually replace the sugar-coated one but pharmacists are asked to use all old stocks before issuing the new version.

## Dihydergot solution

Sandoz Products Ltd, PO Box Horsforth No 4, Calverley Lane, Horsforth, Leeds, are now supplying dihydroergotamine oral solution under the trade name Dihydergot. Content, size and price are unchanged.

## Bengers goes metric

Bengers Food is now supplied in packs of 250g, 500g and 1kg (£0.53, £0.94 and £1.48), say Fisons Ltd, pharmaceutical division, 12 Derby Road, Loughborough.

## Sundries in Northern Ireland

William C. Knox & Son, Lisburn, have been appointed sole distributors in Northern Ireland of the Forget-me-not range of sundries from East Midland Toiletries Ltd, 8 Easthorpe Street, Ruddington, Nottingham. The company offers regular servicing on a comprehensive range.

## Cox add nitrazepam

Arthur Cox & Co Ltd, 93 Lewes Road, Brighton, have added nitrazepam 5mg tablets to their generic range, available in packs of 500 (£5.80 trade).

## New Era's exercise leaflet

A new exercise leaflet entitled "Not only skin deep" has been published by New Era Laboratories Ltd, 39 Wales Farm Road, London W3.

## UK Fever-tester distributor

Jean Sorelle Ltd, 117 Great Portland Street, London W1, have been appointed

sole distributors for the Fever-tester, and will supply to both retailers and wholesalers. They say that television advertising of the product will start soon. Global Pharmaceuticals Ltd, 62 Kenilworth Road, Edgware, Middlesex, will continue to act as wholesalers for the product.

## Brontina colour change

Brocades (Great Britain) Ltd., Brocades House, Pyrford Road, West Byfleet, Weybridge, Surrey say that Brontina Ing tablets, formerly buff coloured will in future be white tablets.

## Gibbs win award

Elida Gibbs Ltd, Portman Square, London W1, have won the October *Reader's Digest* 10 Million Club advertising award with a two-thirds double page advertisement for Gibbs SR toothpaste. It is the first time that a toothpaste product has won the award.

## Numark national promotion

The next Numark national promotion will run in store from November 9 to 19, and will include Heinz baby foods, Harmony hair spray, Clairol Nice 'N Easy, Kotex Simplicity sizes 1 and 2, Polaroid Instant 10, 20 and 30, and Andrex toilet tissue.

Supplementary lines include Imperial Leather talcum powder, soap (priced pack) and after shave lotion, Paddi Pads, Kotex Brevia, Kodak Instamatic 130 gift outfit, Kodak EK2 Instant camera and Head and Shoulders shampoo.

Optional Extras include Famel syrup pastilles, honey and lemon linctus, honey and lemon pastilles, children's linctus, and children's pastilles; Aspro Clear Beecham Powders, Beecham powder tablets, Beecham Powders hot lemon Venos, Venos hot lemon, Mac lozenge medicated, Mac lozenges honey and lemon, Andrews Liver Salt and Hedex.

## Promotions fall again in September

With the arrival of promotion statistics for September it is possible to draw a conclusion about retail trends for three-quarters of the year.

Normally, that would make it justifiable to predict, in broad terms, how things might go for the remaining three months. This year this assumption is not justified, for two reasons—transformation in the pattern of promotions following the upsurge of "tailoreds", and the unpredictable effect on the consumers of the concessions just handed down by the Chancellor. There was an overall drop in the incidence of "tailored" promotions during September for the first time since Tesco stopped giving stamps and went for dramatic price cutting.

For the complete range of 22 product categories measured monthly by M. S. Surveys & Promotional Services, there was a decline in tailoreds from 189 in August to 114. As reported last month, the August promotions which were running on this restricted basis for the chemist group of products numbered 72. In September the figure was 52:

	Promotions open to all outlets	Tailoreds	
		Brands	Own labels
Baby foods	4	—	—
Toiletries	162	22	8
Cosmetics	29	4	—
Hair preparations and shampoos	32	15	2
All medical products	1	—	1
	228	41	11

Taking the year to end-September across the range of the measured product categories, the volume of promotions offered on an open-to-all basis is 15 per cent below that for 1976. Even if the "tailoreds" are included it still amounts to a less promotionally active year so far, even though the number of new product introductions has been one-third up. Those promotions which have been open to all have carried incentives to buy in

which reduced price offers have dominated (on a month-added-to-month basis). They totalled 3,898, followed by coupon offers (1,533), with self-liquidators third (1,180).

"For the rest of the year the main interest for me," says Roy Martin, head of the incentive consultancy company bearing his name (until the start of 1977 he was chief executive at M.S. Surveys) "is the way the giant multiples will offer tailored-to-fit promotions over the Christmas season. This could well give independent chemist outlets a hard time especially with gift sets in toiletries and cosmetics."

Manufacturers, he continues, were in a difficult position: "What they need desperately are volume sales and although the terms set by the multiples will have been extremely tough, volume sales are exactly what they can guarantee. At the same time, the manufacturers always have to consider their long range interests with the smaller outlets."

What the consumers will do with the extra money coming their way through the

Chancellor's concessions is more predictable than the general opinion conveyed that much more prosperous times are coming. Inevitably they will spend more than if nothing had been forthcoming. But if the general conviction is that there will be no short-term slipping back into very hard times, the expansion of personal savings is likely to be slowed. They have been running at a very high level.



# NEW POLYWEB DRY-CARE. GOOD NEWS FOR INCONTINENCE SUFFERERS. GOOD NEWS FOR YOU.



Polyweb Dry-Care incontinence pants and insert pads from Lilia-White are designed to aid ambulant females of all ages who suffer from varying degrees of incontinence.

The combination of soft, stretchable, quick-drying pants (in 3 sizes) and easily inserted highly absorbent pads enables sufferers to lead an active and normal life with complete self-confidence.

Polyweb Dry-Care fills a large gap in an important women's market, where Lilia-White are known and trusted as leaders in the personal hygiene products field.

Dry-Care is available from Vestric or

your usual chemist wholesaler, and for full details all you need to do is return the coupon at the foot of the page or talk to your Lilia-White representative.

Send to Lilia-White Ltd., Dept. PDC1,  
Birmingham B8 3DZ.

Name \_\_\_\_\_

Address \_\_\_\_\_





Two companies explain their marketing policies

# Quality is worthy of its price

*C&D talks to Monsieur Berrebi, general manager, L'Oreal UK consumer division*

Monsieur Berrebi joined L'Oreal's UK operation nearly two years ago and since then seems slowly but surely to have reshaped the company's marketing thinking. One of his first moves was to end the sale of L'Oreal's products through grocery outlets and to confine their sales operations to chemists, drug store toiletry specialists, department stores and some Woolworths. He feels that L'Oreal offer quality products which are inappropriate to grocers.

The consumer division of the company has seen many changes over the past twelve months. In 1976 L'Oreal had only two products on the market—Elnett and Recital. To-day there are six—Elnett, the relaunched Recital range, Allurell, Elseve creme rinse and Elseve Beauty and Volume shampoos. An expansion of two to six products in twelve months is seen as quite an achievement.

Before launching a new product L'Oreal want to offer consumers something which is not only different from competitive brands but also of a much higher quality, and stringent pre-launch consumer tests are carried out throughout Europe.

## Proof of silkier hair

A victory over the television advertising authorities in the United States came about when L'Oreal were able to *prove* to their satisfaction that their products did indeed make the users' hair silkier and they are permitted to say so on American television.

Advertising is the second of L'Oreal's criteria for a successful launch and in 1977 they spent four times more on advertising than they did in 1975—£1½ million against £600,000.

Late 1976 found the company ready for its numerous launches. Growth up till that point had been good and has been maintained since, despite early caution from the trade. M Berrebi feels that English women have become more sophisticated, "*plus raffinée*", in their attitude towards beauty and hair care, so that once the company was able to use "quality" as a selling point and to back it with effective advertising L'Oreal judged the time ripe for expansion.

M. Berrebi points out that pharmacies are the obvious outlet for the products—particularly the Recital range—because pharmacists have the expertise to explain how to use a col-

ourant. And from the chemist's point of view, when a woman has bought a product, received sound advice and been satisfied with both she is sure to go back for more, as permanent hair colourants are a lifetime commitment.

From time to time, confessed M Berrebi, chemists complain that L'Oreal products are too expensive. But consumers are prepared to pay for quality and the financial benefits to the retailer make sense. For instance, the profit margin on a 300g can of Elnett hairspray is 30 per cent. If he were stocking another brand available to the public through grocery outlets the chemist would probably have to sell it at a deep-cut price to compete and that, coupled with the original lower price, would mean small cash return.

To take a closer look at the Recital story, unit sales since the relaunch are up 50 per cent and it is undoubtedly the company's biggest success this year. It was quite a courageous (some might say outrageous) step for them to take the price of the product up from £0.55 to £0.95 overnight. But they say it paid off and that far from losing customers, they gained them. Once again the initial reaction from chemists was not favourable but L'Oreal explained their thinking and converted many doubters. Toiletry specialists and Woolworths also understand the company's policy and instead of cutting the price of the products they tend to have twice-yearly promotions on them to maintain their reputation as cut-price outlets.

L'Oreal's entry into the UK shampoo market was a carefully considered move. Again they wanted to offer a "different line of shampoos. They discovered that many women who buy a shampoo formulated for greasy hair one week will be one for dry hair the next. They believe this was because technically there was a difference between the products—and women were dissatisfied with both. The company investigated typical hair problems and found that many women with long hair need a conditioning shampoo and because of the increasing tendency to wash hair more frequently they also needed a mild shampoo. Naturally they also sought beautiful, soft and shiny hair that was easy to comb and style after shampooing. So L'Oreal launched Elseve Beauty which they say does all of these things.

They also discovered that 60 per cent of women in the UK have fine hair and need a shampoo to give it added fullness. Elseve Volume has two types of polymer in its formulation which are designed to lift the hair at the roots and give it bounce.

## Strong position

L'Oreal now feel that their position in Britain is strong. Their high quality products justify their admittedly high prices, being backed by a reputable house which "never make false claims" and who in turn are prepared to back those claims with effective advertising. They feel that the market consists of young people between the ages of 15 and 25 as they are people who are prepared to experiment—and consumer trial is regarded as extremely important since once the products have been tried, consumers will continue to buy them. Indeed, L'Oreal holds this view so strongly that they consider one of the best ways to advertise a product is to give it away. They gave away five million bottles of Elseve creme rinse and five million sachets of Elseve Beauty shampoo, causing sales of both to rock, they say. Were those *your* sales? queried M Berrebi.

## A new franchise strategy

*by B. Marten, assistant managing director, Revlon International*

Following a re-appraisal of their approach to franchising (*C&D* March 13, 1976) Revlon International UK have again been looking at their strategy and feel that the independent chemist should feature more effectively in the overall share of Revlon sales. To effect this change a more flexible policy has now been adopted to allow the chemist to participate profitably in a partnership with Revlon.

Changes in cosmetic distribution have usually been led by the top department stores and multiple chains because they manage on the basis of brand performance leading to regular range rationalisation and profitable space allocation. Evidence

of this can be found when distribution channels are eroded to include only the smaller, low volume accounts where the retailer does not regularly evaluate the profitable performance of the brand.

The smaller retailer, albeit with limited resources, has a vital role to play in providing a balanced distribution plan to serve the needs of the consumer so it is important to encourage better standards of profitability and point of sale presentation.

Revlon policy in the past has sometimes

*Continued on p7*



# When they're smiling...

## ....mum's smiling too.

When children are teething they don't tend to smile much. Nor do they sleep well. Which means that mum doesn't either.

The ideal treatment for painful infant teething is Bonjela.

Bonjela contains Choline Salicylate a powerful, fast acting analgesic to soothe away pain. It also contains Cetalkonium Chloride, a wide spectrum antiseptic. As well as reducing any secondary infection, Cetalkonium Chloride lowers surface tension allowing the analgesic quicker access to the painful mucosa.

In most cases Bonjela soothes away pain in 1-3 minutes and the relief lasts for up to 3 hours.



That's why we call it

## The 3-minute smile

Further information is available from: Lloyds Pharmaceuticals Ltd.  
A member of Reckitt & Colman Pharmaceutical Division, Hull.

Preparations containing aspirin should not be given  
to babies during treatment with Bonjela.

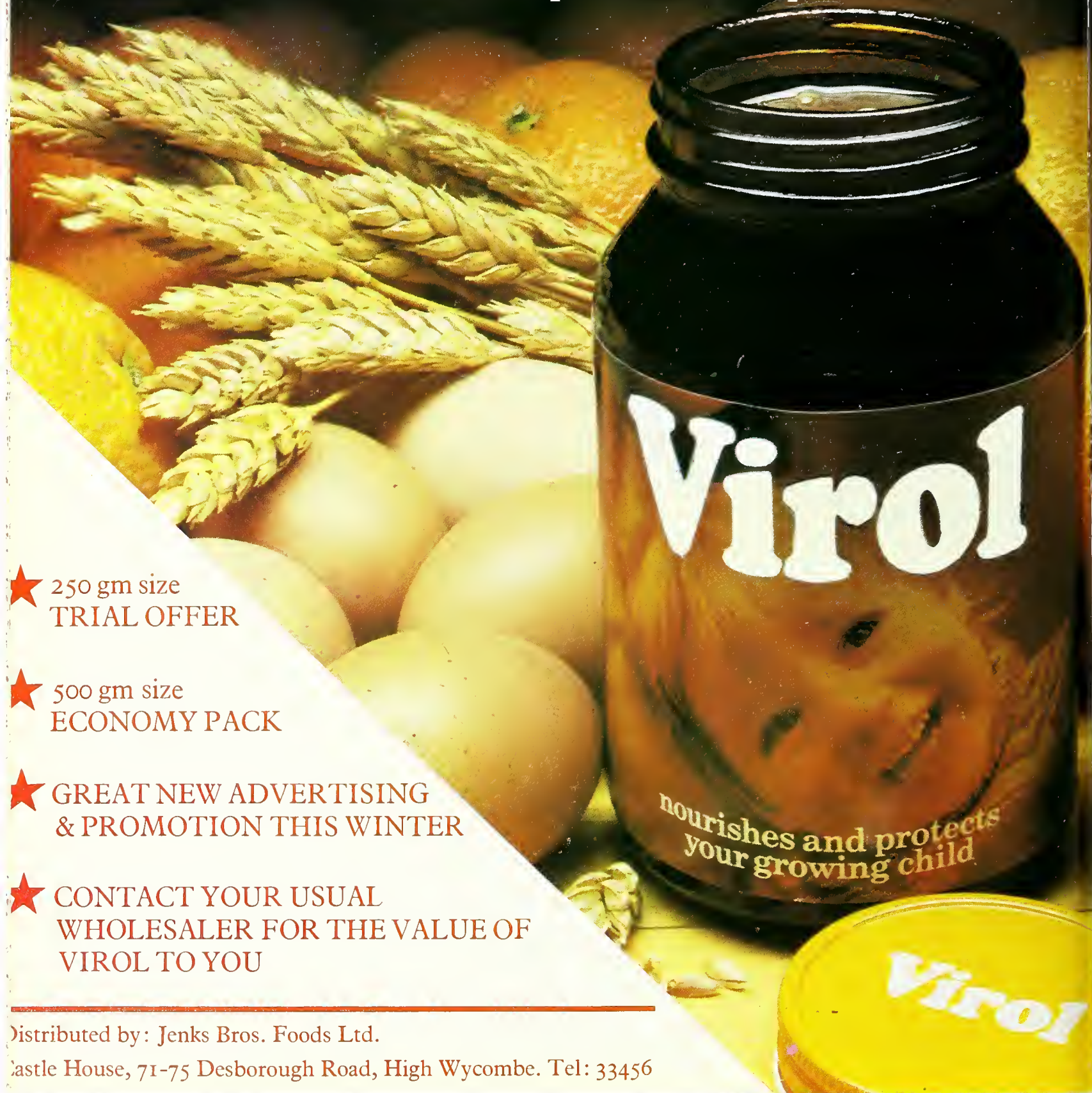
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# THE GREAT VALUE OF **Viol**

is a unique blend of malt, glucose, eggs and pure orange juice with essential vitamins and minerals added.

It's the ideal food supplement for infants and children.  
Delicious from the spoon or as a spread.



- ★ 250 gm size  
TRIAL OFFER
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ECONOMY PACK
- ★ GREAT NEW ADVERTISING  
& PROMOTION THIS WINTER
- ★ CONTACT YOUR USUAL  
WHOLESALE FOR THE VALUE OF  
VIOL TO YOU

Distributed by: Jenks Bros. Foods Ltd.

Castle House, 71-75 Desborough Road, High Wycombe. Tel: 33456



## New franchise strategy

Continued from p744

made it difficult for the retailer to take on the Revlon agency with its wide product range and the insistence that the entire range should be carried. With the successful development of individual Revlon franchises with dominant market shares requiring separate distribution policies, it is now possible and indeed necessary to establish a broader distribution base.

Before defining the quality and standards Revlon will seek to achieve in forming new retail partnerships, it must be said that the process of change from both points of view should differ from those of the past because one is inclined to the view that traditionally the retailer has selected the franchise he will stock in order to benefit in two ways:

To obtain access to certain key selling products within a particular franchise notwithstanding the fact that the commitment entails stocking a great many other lines. To emphasise his importance as a cosmetic retailer without regard to the financial situation of the stock he is required to take in and the selling space available.

### Wider distribution

Revlon's distribution through retail pharmacies has remained small in numbers for the past five years despite the extensive use of wider prime media advertising, particularly television, leading to increased market share. A recent study of our distribution requirements for the next three years shows clearly the need to establish additional distribution in certain areas to meet this development.

New accounts will be selected on the basis of their ability to represent one or more of the franchises, starting with Natural Wonder and Revlon toiletries, and then to the Charlie franchise (fragrance and cosmetics) and finally the Revlon franchise to include initially the key selling items in each major product group with a plan to extend into the full range as the account is developed.

For both existing and new accounts the key to successful trading must be to secure and maintain agreement to adequate space and location for each franchise individually and the adherence to proper and concise standards of stock management based on the continual and regular use of stock control books.

## Hills and Throaties

Last week's Coughs and Colds feature erroneously referred to Hills balsam products and Throaties as being manufactured by International Laboratories Ltd. Hills products are manufactured by Hill's Pharmaceuticals Ltd, Talbot Street, Griercliffe, Burnley, Lancs, and Throaties are manufactured by Arcadian Confections Ltd, Crediton, Devon.

# Foods for false teeth and slimming show promise

The proportion of adults in Great Britain who have dentures is expected to remain above 40 per cent for many years to come and there is a feeling that the scope for specially formulated foods for this group is very wide.

Currently more than 20 million people, that is more than 50 per cent of all adults, have false teeth according to figures in a report recently published by Mintel. They found that although the question, "Excuse me, have you got any dentures?" was difficult to ask, only 3 per cent of a national sample of more than 1,000 adults refused to answer. Of those who did 45 per cent owned up to having full or partial false teeth. Women wearers outnumber men by 51 to 40 per cent but it is felt that this is partly attributable to the greater longevity of women. In the 15 to 24 age group 3 per cent were denture wearers; above the age of 55 ownership exceeds 80 per cent.

The report suggests that the potential for special foods for denture wearers may have been overlooked. "Quite apart from anything else," continues the report, "dentists' current methods of remuneration are such that it does not pay them to preserve teeth rather than removing them . . . If the system were changed to encourage the preservation of natural teeth this could be the single most important factor affecting the future of denture products".

Mintel also reports that future prospects for slimming products are good, but adds that those most likely to succeed are low calorie versions of traditional items rather than "unnatural" special products.

### Younger slimmers

Mintel found that young people are more likely to use slimming products than their elders. They surveyed more than 1,000 people and found that among the adults 31 per cent claimed regular use of one or more of a list of slimming products. In 1974 those over 55 were the most favourably inclined to these products, with an average of 30 per cent as regular users, compared to 27½ per cent for those under 35. By 1977 the relationship was reversed—use by the over 55's was unchanged but among those under 35 it had increased to 33½ per cent.

The slimming products market is estimated to be £97m at rrp, with mixer drinks and bread accounting for more than half the total. Low calorie drinks have experienced the most dramatic growth in sales, says the report, with 3 per cent of people as regular buyers in 1974

and 7 per cent in 1977. Artificial sweeteners claimed regular support from 9 per cent of adults being used most frequently in the 55-65 age group.

Mintel reports are available from 2a Westmoreland Road, Bromley, Kent at £25 for a month or £120 for the year.

## Phenformin recall in US

Phenformin has been removed from the market in the United States (C&D, August 27, p266) and the manufacturers of the drug, Ciba-Geigy and USV Pharmaceuticals are to be asked by the Food and Drug Administration to recall existing stock from pharmacies.

The FDA has been unable to work out a restricted distribution scheme with the medical profession and the two companies to enable the drug to be marketed for the few patients for whom the benefits might justify the risk involved. Nor will the two companies sponsor investigational new drug applications whereby phenformin could be supplied directly to individual doctors. The FDA is now considering a scheme where individual doctors would make a new drug application to obtain phenformin.

## Letters

Continued from p738

pleased to learn how we may purchase to retail at such a price and still profit."

Farley Health Products replied to Mr Britton to the effect that they were at a loss to understand how Goodwins retail Ostermilk at 46p per carton. They pointed out that Goodwins did not have a direct account with them but promised to investigate the matter "thoroughly and promptly". Their regional sales manager has visited Mr Britton and Goodwins and is still making inquiries.

## Democratic decision

Dr Maddock does not seem to realise that a democratic decision was taken in a democratic manner at the October 2 conference to rectify what has been a gross injustice for Groups 1-4 pharmacies. PSNC is not hell-bent on a downward trend but is trying to get a better deal for the underpaid. We could not accept it at conference and we can't accept it now.

Guinness may be good for him but not for me.

**Jim Anderson**  
Newcastle-on-Tyne



# Professional News

Pharmaceutical Society of Great Britain

## Talks on wider use of CRCs and explanatory poster for pharmacies

The Pharmaceutical Society's Council has agreed to talks with the Department of Health on the possibility of extending the range of medicinal products with which reclosable child-resistant containers are used.

At the November meeting a member of the Practice Committee pointed out that many drugs, more potent, in his opinion, than aspirin and paracetamol were dispensed in ordinary containers.

The Practice Committee was told that following the Society's representations to the Department on the need for a publicity campaign on the use of child-resistant containers, a meeting had been held between representatives of the manufacturers, the Department and the Society. The manufacturers had been in favour of producing a poster for display in only hospital outpatient departments, doctors' surgeries and clinics, but at the Society's request had agreed that a poster should be distributed to all pharmacies. The poster, samples of which the Committee examined, was to be sent to hospitals, surgeries and clinics in mid-November, and to general practice pharmacies after Christmas.

The Committee also discussed the importance of manufacturers' leaflets, and noted that none of the general practice pharmacists present had seen them. The Committee recommended, and the Council agreed, that the representatives of the manufacturers should be informed that the Society had no objection to the publicity poster, subject to certain photographic clarification, but that the design and distribution of the current leaflets was inadequate; and that the manufacturers should be requested to include an initial supply of leaflets with the poster when it was distributed to pharmacies.

### Meeting on advertising code

A meeting (probably in mid-December) to discuss the implications of the Statement upon Matters of Professional Conduct will be attended by representatives of the National Association of Pharmaceutical Distributors, the National Pharmaceutical Association, the Co-operative Union, the Co-operative Pharmacists Technical Panel, Independent Chemists Marketing Ltd, the Company Chemists' Association, and Unichem. Sangers and Vestric are also being invited to attend (*C&D*, October 15, p587).

Following a discussion by the Organisation Committee on the future role of

the Society's regions, it was resolved that consultation between the Council and the regions should be increased on a face to face basis by:—firstly giving high priority to the regular attendance of Council members at regional meetings; and secondly encouraging the regions to contribute to policy discussions. It was also agreed that each region should appoint a Press officer, in consultation with the Society's head of publicity. Regional grants are to be increased by 25 per cent with effect from April 1, 1978. No change is to be made in the regional conference grant.

It was agreed by Council that in view of easy accessibility of Coventry, speakers at the 1978 British Pharmaceutical Conference are to be allowed expenses for only one night's accommodation, travelling and one Conference day ticket. The registration fee for the 1978 Conference will be £4.

The traditional practice of providing a ladies' gift at the British Pharmaceutical Conference should not be obligatory on a Conference committee, Council said. However, it was also agreed that should any local committee wish to continue the practice, that would be accepted.

### BRM stays in London

As it had been reported to the Organisation Committee that, to date, 46 of the 60 replies from branches had been against incorporating the branch representatives' meeting in the Conference, Council agreed that London is to remain the BRM venue.

The Council approved three designs for health education posters to be used for display in any pharmacy which might require them and agreed that 500 copies of each poster should be printed, at a cost of £91.95.

It was reported to the Law Committee that the Department of Health had informed the Society of amendments to the proposed Statutory Instrument dealing with implementation of Part III of the Medicines Act 1968 but it was noted that a number of comments made by Council last year had not been accepted. Council agreed therefore that a reply should be sent to the Department, repeating the need for wholesalers to be required to issue invoices for all sales of medicines, and repeating the desirability for an intermediate list of medicinal products between the pharmacy only and prescriptions only lists, comparable to the present Schedule I of the Poisons Rules.

It was reported to the Law Committee

that the Department of Health had agreed that the Medicines (Labelling) Regulations 1976 requirements should be amended so as to apply to all products by wholesalers after December 31, 1978 and to those sold by retailers after December 31, 1980.

The Ethics Committee considered a scheme, proposed by the superintendent pharmacist of a health centre consortium pharmacy, for dealing with prescriptions for patients on long term therapy. The suggestion was that when a patient ordered a repeat prescription it could be dispensed immediately by the health centre pharmacy, thus saving the patient time. There would be no pressure on the patient to make use of the service but it would enable the pharmacy to level out daily prescription flow by dispensing prescriptions at quieter periods. The Ethics Committee recommended, and the Council agreed, that the proposal should be rejected.

A warning letter is to be sent to a pharmacist who had been granted a conditional discharge for 12 months after being charged with unlawful possession of Diconal tablets, controlled under the Misuse of Drugs Act. A conditional discharge does not rank as a conviction for the purpose of an inquiry by the Statutory Committee, and the Committee recommended, and Council agreed, that in addition to sending a warning letter to the pharmacist, the Society's inspector should report on his conduct in approximately six months' time.

### Notification of convictions

The question was raised as to whether the Society was automatically informed of convictions of pharmacists. The Committee was informed that it was not, and that most convictions came to light in newspapers or, more generally, as a result of good liaison between police drug squads, the Criminal Investigation Department and the Society's inspectorate. The view was expressed that the Society should take steps to formalise the procedure and the Council agreed that the office should take action to investigate the practicability and cost of implementing a formal procedure whereby it was notified of pharmacists' convictions.

The number of pharmacy graduates registered with the Society for the first time in 1976, was 975, an increase of 10 per cent over the previous year, the Manpower Committee noted. The yield (80 per cent) of new registrations from entries to schools of pharmacy four years previously was the highest since 1965 when recording had commenced. The Committee noted that if one assumed a yield of 85 per cent from current entries to schools of pharmacy the expected number of new registrations would rise to about 1,080 in 1979 after which it would be fairly constant until 1980. It was suggested that an intake of that size would ultimately result in

*Concluded opposite*



# No reduction in rates for Society's house

The rating valuation placed on the Pharmaceutical Society of Northern Ireland's house was discussed at last month's Council meeting but after hearing professional advice, Council agreed to take no further action.

Mr J. Kerr raised the matter, asking whether any further action was being taken to have the valuation reduced because that part of the house was being used for educational purposes. A letter from the estate agents concerned was read stating that an analysis of the valuations on adjacent premises had shown the Society's house valuation was not unreasonable considering the additional space occupied. The agents advised there was nothing to be gained by referring the matter to the Lands Tribunal. Mr R. G. Dillon said professional advice had been sought and if Council decided to lodge an appeal it could be costly and unlikely to succeed. He felt, and it was agreed, that no further action should be taken.

## Election of president

On the motion of the president, Mr J. Chambers, Mrs C. O'Rourke was elected president. Mr Chambers said Mrs O'Rourke had been of great assistance to him during the past year and he was confident that she would carry out her duties in a competent manner. She was only the second lady to hold the office in Northern Ireland. On the motion of Mrs O'Rourke, Mr S. Moore was elected vice-president.

## PSGB Council meeting

### Concluded from opposite

Society registering almost 300 more than the 800 new entrants who were required annually to maintain the Register at its present number. But it was pointed out that if more general practice pharmacies were to employ two or more full time pharmacists, and if earlier retirement were to be the rule, such numbers might well be required in future.

The degrees in pharmacy of Brighton polytechnic were approved for a further period of five years, subject to any amendments being submitted to the Society before implementation. Dr T. Eaves, an elected member of the Industrial Pharmacists Group Committee, has been appointed to serve as the industrial representative on the working party on pre-registration experience.

The Society is to provide a reception for about 150 persons at the International

Mr Moore said he was fortunate to be understudy to Mrs O'Rourke from whom he expected to learn much during the present year. Mr G. E. McIlhagger, after being re-elected treasurer, thanked the members and reminded them it would probably be necessary to increase the retention fee for the year 1978-79, in which case he supposed there would be a reluctance to repeat the vote of confidence next year.

A letter from the Department of Health was read stating that under section 2 (2) of the Medicines Act 1968 the UK health and agriculture Ministers proposed to appoint Professor P. F. D'Arcy to the Medicines Commission with effect from January 1, 1978. Mr Chambers congratulated Professor D'Arcy and said pharmacists in Northern Ireland would be delighted to learn of the appointment and he knew the Commission would benefit from Professor D'Arcy's advice.

## Student registration

Commenting on applications for registration as Students, Mrs O'Rourke said it was difficult to understand that any graduate should be unaware that registration as a Student was a pre-condition of practical training. It seemed some graduates were unaware and that their ignorance was shared by pharmacists in certain hospitals. The secretary, Mr W. Gorman, is to write to all four area pharmaceutical officers emphasising that no graduate, not

Pharmaceutical Students Federation conference at Edinburgh, in August, 1978. It will be the first time the IPSF conference has met in Great Britain for 30 years.

The Finance and General Purposes Committee was informed that under his will, the residuary estate of the late T. T. Hora, MPS, should be held on trust by the Society "to pay the income in equal shares to the two eldest yearly annuitants for the time being in every year of the Benevolent Fund of the Pharmaceutical Society". The Committee was told that the authority of the Council was required to accept the trust and to seal the trust document. The Committee agreed that the trust should be accepted on the conditions specified but that consideration should be given after one year, in the light of experience in operating the trust, to apply to the Charity Commission for alteration of the powers so that the income formed part of the general income of the Benevolent Fund. Council agreed that authority should be given to accept the trust and seal the deed.

already registered as a Student, should be accepted for practical training.

Dr George Kirk, Belmont, Guildford Road, West End, Woking, Surrey, and Ian Herbert Hamilton, 7 Chichester Park North, Belfast BT15 5DR, have been restored to the Register of Pharmaceutical Chemists. Elizabeth Anne Bradley, 27 Main Street, Armoy, Ballymoney, Co Antrim, is to be registered under the reciprocal agreement between PSGB and PSNI.

An application from three pharmacists for the T. Harper Foundation was considered. It was pointed out that the Foundation was financed from the Society's own funds and with rising costs it was likely that expenditure for the present year would exceed income. Professor D'Arcy said if a scholarship existed it should be made available upon a suitable application. Mr Kerr said the scholarship award was a matter for Council which could take into account the work the applicant proposed to undertake, the Society's financial position and any other relevant matters. It was agreed not to award the Foundation in 1977-78 and to ask the Education Committee to review the conditions for its award, and to review the C. W. Young scholarship.

## Committees elected

The following committees were elected:

**Education:** Mr T. O'Rourke (chairman), Mrs O'Rourke, Mr Moore, Miss M. J. Watson, Professor D'Arcy, Professor R. Grigg, Mr Chambers, Mr T. G. Eakin, Mr W. T. Hunter, Mr Kerr, Mr R. J. G. McDonald, Mr McIlhagger.

**Ethical:** Mr M. V. A. Napier (chairman), Mrs O'Rourke, Mr Moore, Mrs C. Watson, Mr W. J. Bolon, Mr J. A. Brown, Mr Chambers, Mr J. A. Crawford, Mr Dillon, Mr Hunter.

**Finance:** Mr Dillon (chairman), Mrs O'Rourke, Mr Moore, Miss Watson, Mr G. M. Armstrong, Mr Bolon, Mr Eakin, Mr McIlhagger, Mr Napier, Mr O'Rourke, Mr J. D. Pollock.

**House:** Mr J. H. Galbraith (chairman), Mrs O'Rourke, Mr Moore, Mr Armstrong, Mr Chambers, Mr Crawford, Mr Eakin, Mr McDonald, Mr McIlhagger, Mr Pollock.

**Law:** Mrs O'Rourke, Mr Moore, Mrs Watson, Professor D'Arcy, Professor Grigg, Mr Armstrong, Mr Brown, Mr Chambers, Mr Galbraith, Mr Hunter, Mr Kerr, Mr McDonald.

**Public Relations:** Mr Eakin (chairman), Mrs O'Rourke, Mr Moore, Mrs Watson, Professor D'Arcy, Mr Armstrong, Mr Chambers, Mr Dillon.

**EEC:** Mr Kerr (chairman), Mrs O'Rourke, Mr Moore, Mrs Watson, Professor D'Arcy, Mr McIlhagger, Mr O'Rourke.

**General Purposes:** Mrs O'Rourke (chairman), Mr Moore, Mrs Watson, Mr Chambers, Mr Dillon, Mr Eakin, Mr Galbraith, Mr Kerr, Mr McIlhagger, Mr Napier, Mr O'Rourke.



Conference of Scottish pharmacists, Gourock

# 'Pay pharmacists fees for health education'

Government agencies should be encouraged to contribute towards the payment of the pharmacist as *the* health educator, Mr I. M. W. Caldwell, a general practice pharmacist, told the ninth annual conference of Scottish pharmacists in Gourock last weekend.

Pointing out that the remuneration of pharmacists under the NHS covers time spent advising patients about medicines (that is, advice on ill-health) but does not recognise time spent in health education, he said that a "health education fee" of only £5 per pharmacy per week in the Greater Glasgow Health Board area would be the equivalent of keeping five beds empty for a year. Whether preventive education could achieve such a lowering of bed occupancy was open to argument, but it was a yardstick capable of direct measurement. At present, health education represented only 0.45 per cent of the Board's total services budget.

If health education could prevent some GP patients becoming hospital patients and prevent some healthy people becoming patients of any kind, the benefits to society would become even greater. However, initially an informed public would present more often with previously unrecognised symptoms, demands for prophylactic treatment would increase, hospital and clinic waiting lists would swell. But ultimately a healthier, and cheaper to maintain healthy, population, would result.

## Vested interest

Pharmacists were open to the accusation that they had a vested interest in combining a sale with advice, but surveys by Dr Whitfield and Consumers Association had shown that the public accepted them as a disinterested source of information or education and were prepared to either accept or ignore any financial interest. Nevertheless, Mr Caldwell believed there was a case for the profession to advertise its value, as a Society. "Advertising is a dirty word at present and it could be argued that it is unnecessary to advertise what is effectively a closed shop. Other professions would disagree. Lawyers have gone to the extent of devising an advertising logo which is becoming universally recognised but more importantly which carries within the design the implication that here resides trust, confidentiality, advice and professionalism."

Advertising costs money, a levy of £1 per head among pharmacists would raise

only £30,000—chicken feed in advertising terms. "But we need not be the only source of revenue nor if we can present a unified front need we be the only source of advertising power. If a suitable image can be found, drug manufacturers could be persuaded to use it in their advertising. If a suitable image can be found area health boards could be persuaded to use our logo in their advertising as could the SHHD in some of their campaigns. If we can persuade the public that we are involved but disinterested we are home and dry."

## Profession must change habits

But before expanding the health education role, pharmacists must change their habits, Mr Caldwell warned. He cited the Edinburgh experiment of 1968 in which an obviously distressed young lady was sent round a variety of pharmacies with instructions to buy 200 aspirins in each shop and with embarrassing success; BBC 2's Horizon team recently repeated this experiment this year—with appalling success. "Cases like these show that the profession has lessons still to learn, principally that the pharmacist must exercise and be seen to exercise more control in OTC sales." Hospital pharmacists would have to be able to visit patients in wards to encourage drug compliance.

Many general practice pharmacists would have to be persuaded to leave more of the routine work to technicians and go out and talk to the public—discuss contraceptive methods, suggest that hunger not drugs made the inmates of Belsen thin, check that the consumption of OTC medicines is not excessive, perhaps even throw the white coat away. "These things are easier to do in the suburban or rural situation than in the big city store but the prime site, with its higher customer flow, lends itself to more sophisticated methods of approach—a medical Muzak. Back-projected film loops, a plainman's Medicassette, continuous slide projectors—all could be used to get across a message. The mechanical contrivances, however, are only hardware of value when certain criteria are met. Information must be available universally and to a uniform standard. The services provided must be comprehensive and up to date."

Mr Caldwell concluded that providing the rate of pharmacy closure could be slowed an almost universal service could be provided. The requirements of uniformity, coverage and immediacy required considerable effort, however, including in

his service information on the social as well as health services "so that we can care for the whole person."

## Five roles

Five potential health education roles for the pharmacist—"probably the most under-utilised valuable asset in our health education system"—were identified by Mr J. K. Macrae, professional adviser to the Scottish Council for Health Education, at the conference.

The first of those roles, said Mr Macrae, must be to raise the percentage of the public actually seeking the pharmacist's advice. The only study by health educators the speaker could trace, carried out in Durham in 1975, had shown that only 42 per cent of people leaving six sample pharmacies had ever sought advice. "The skills here are in convincing the public that the pharmacist possesses a knowledge of therapeutics, that he is qualified to advise on *symptomatic* treatment, but knowing also when he has reached the limit of his diagnostic powers and when it is essential to refer the patient for a medical opinion."

This system could be seen working well in Malta, said Mr Macrae. There was no National Health Service and the patient paid £1 for a GP consultation and took his prescription to the local pharmacist where he again paid. The Maltese pharmacist could dispense without any prescription virtually anything that did not come under the Control of the Dangerous Drugs Acts. Each pharmacy had at least one dispenser (taking three years to qualify) who dispensed while the pharmacist did the consulting. Some ran a weekly clinic (antenatal, medical, psychiatric) with the local specialist attending to provide diagnostic and over-all management skills. "The built-in safeguards are economic—if the preparation given by the pharmacist does not relieve the patient he takes his custom elsewhere and therefore the pharmacist has to act responsibly and err on the safe side but I imagine that the Maltese pharmacist has a fuller and greater job satisfaction than his counterpart in Britain because he is an integral part of the primary care team, his skills and knowledge are properly appreciated and economically utilised."

## Skill in handling people

For the second role, Mr Macrae would utilise the pharmacist's skill in handling people (evident from the running of successful businesses) and for the third would capitalise on his access to people—the healthy and apparently healthy, from all social classes, as well as the sick. "This potential is grossly under-utilised because of the failure of the policy-makers to create the right incentives and remove the existing disincentives." Fourthly, the pharmacy should be used as a resources centre and distribution point for health education material.

But the most urgent role for the phar-

*Continued on p753*



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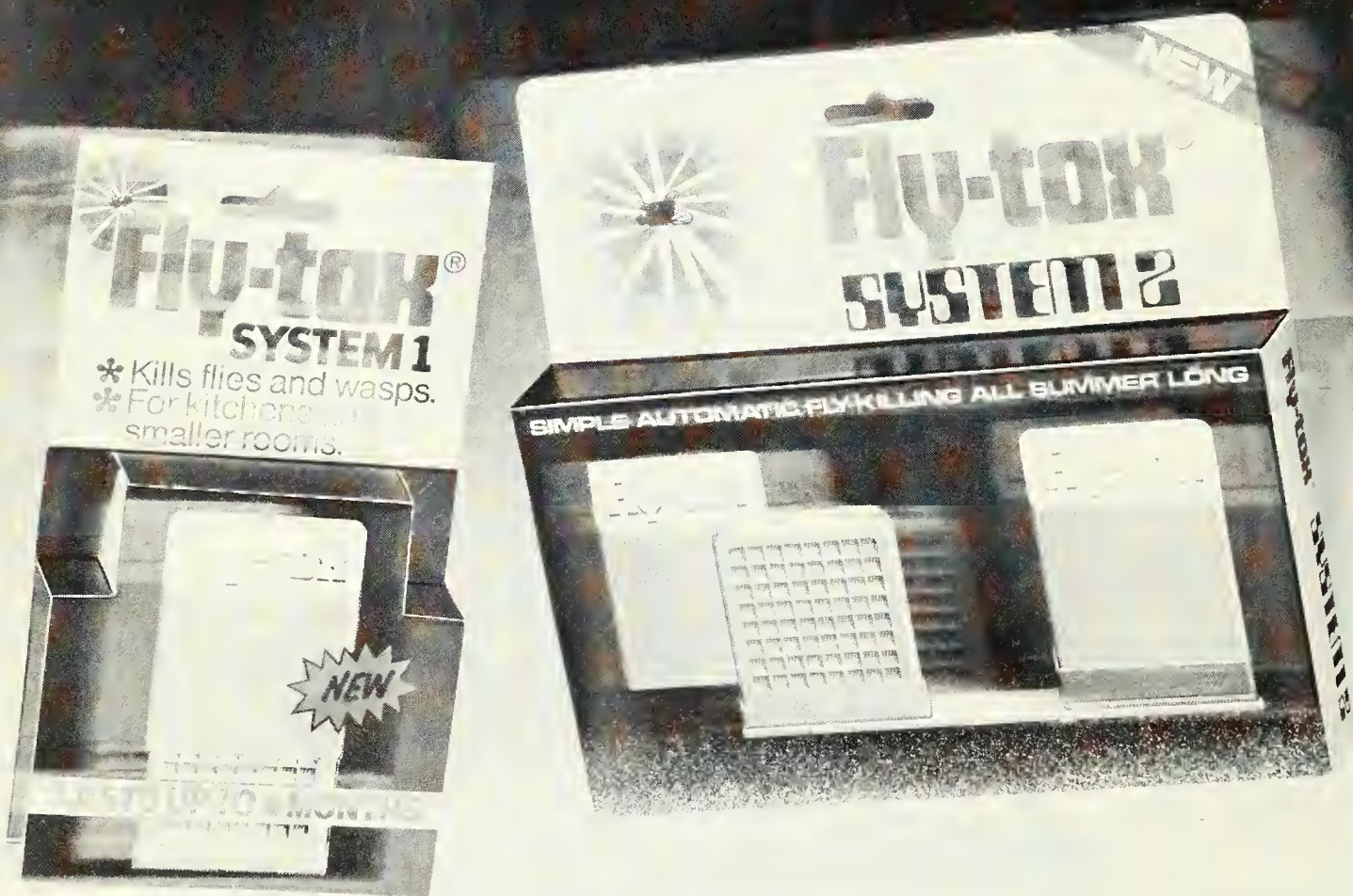
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Scottish conference

# Inhibited patients

Continued from p750

pharmacist Mr Macrae saw in relation to patient compliance with prescribed medication. Patients were often inhibited from asking questions about their treatment—dosage, how long to continue, likely effects, possible side effects, etc—either from fear, ignorance or an impression that they were in the surgery to be *told* what to do. Mr Macrae believed it would be a worthwhile exercise for a group of pharmacists to carry out a pilot study using such questions on a sample population when prescriptions are being collected. "Such a study would probably corroborate the finding that patients forget up to 40 per cent of the information given to them in the surgery within 30 minutes; it would give a second opportunity to reinforce at least the critically important points and to remove misconceptions or uncertainties." This linked with the fact that the pharmacist is often the first member of the professional team to have the *opportunity* of detecting side effects—patients ought not make the appropriate comment to the doctor because they were thankful that they felt better in relation to the condition being treated.

## Fresh angle

However, compliance needed to be looked at from a fresh angle. It might be more appropriate to focus on the problem that could well be the cause of non-compliance—the assumption that doctors are in charge of their patients and are therefore entitled to make medical decisions, even for patients who wish to make their own. "Perhaps if doctors were willing to let go of the notion that they are responsible for controlling their patients; if, like electricians, accountants and others with special knowledge they were willing to present possible plans of action in a step by step manner, then patients who *wanted* to could make their own informed decisions on the basis of their own personal values. For centuries health care has perpetrated paternalism as an essential element of care and thereby has deprived the patient of the self-esteem that comes from self-reliance. It may be that patients will be more likely to adhere to treatment regimes where they have the opportunity of making their own decisions on an informed basis."

Earlier in his paper, Mr Macrae had asked whether health education was an optional extra or a necessity. And from economic considerations alone, he con-

cluded it to be a necessity. In Sweden it had been forecast that if the growth of health care spending continued to increase at the present rate it would consume the whole of the gross national product by the year 2008. "We cannot afford for much longer the active treatment of established disease on the scale to which we have become accustomed; so health education is no longer an extra—prevention has become a necessity."

Opening the discussion, Mr K. J. Gray, Dunblane, referred to oral health education in which the pharmacist had to make the public part with money. Mr Caldwell argued, however, that the role was to discover the customer's special problems and so recommend suitable products, such as a soft toothbrush. The real problem was getting at those who bought neither toothbrush nor toothpaste. Mr Gray replied that Dental Health Action Week offered an opportunity for pharmacists to "sock it" to the public through posters and promotions to tie in with the national media.

Concern about the numbers of pharmacists having on open display the analgesics the profession had tried to have

excluded from supermarkets was expressed by Mrs Olive Heading, Wakefield, and Mr G. R. Milne, Glasgow. Mr Caldwell agreed, saying that for too long the profession had allowed its students to pick up bad habits from elders who should know better. He hoped there would be some remedy with premises control under the Medicines Act (though Mr Milne felt this should not be necessary in a self-disciplining profession).

Mr D. Dalglish, a member of Council, proposed a levy on tobacco companies and brewers, perhaps 10 per cent of their advertising budget, but both speakers were pessimistic about government enthusiasm in view of the taxes collected.

The fact that Mr Macrae's Council provided in-service training courses for a list of professions, but not for pharmacists, was questioned by Dr J. Chilton, the Society's resident secretary in Scotland. Mr Macrae acknowledged that there could be areas in which the Council might be involved, such as the means of applying health education in the pharmacy and in hospitals, and he suggested that there should be a meeting at which the proposal could be discussed.

## Side effects in the elderly

A warning that society and the medical professions must be prepared for the problems posed by a rapidly expanding elderly population came in the sixth Macmorran lecture, delivered to the conference by Sir William Ferguson Anderson, David Cargill professor of geriatric medicine at the University of Glasgow. In our own communities, he said, the number of individuals 85 years and over would increase by 62 per cent between 1971 and 2011. Below, we reproduce that section of the speaker's prepared text dealing with changes in drug pharmacokinetics and adverse reactions in the elderly.

Drug absorption, by passive diffusion, is unlikely to be affected except by alteration of gastro-intestinal mobility. There have been hints of impaired blood supply to the bowel but this is not thought to be very important. Once the preparation is absorbed, however, plasma albumin being lowered, protein binding may be reduced. Elderly people are thought to be more susceptible to the effects of multiple drug therapy because of drug binding.

It is postulated also that although the body mass is usually smaller, the ratio of fat to lean tissue is generally higher. This increases the apparent volume in which lipid soluble drugs are distributed and this in turn reduces their plasma concentration and rate of elimination. Putting this another way, many older people are obese and the increased fat in the extra-cellular tissue means an increase of volume for localisation of lipid soluble compounds, and their slow unpredictable release. If dehydration or emaciation occurs, less water volume is available for distribution

of water soluble drugs. Thus there may be increased free drug in plasma. These factors reveal the possible variability of drug available at site of action.

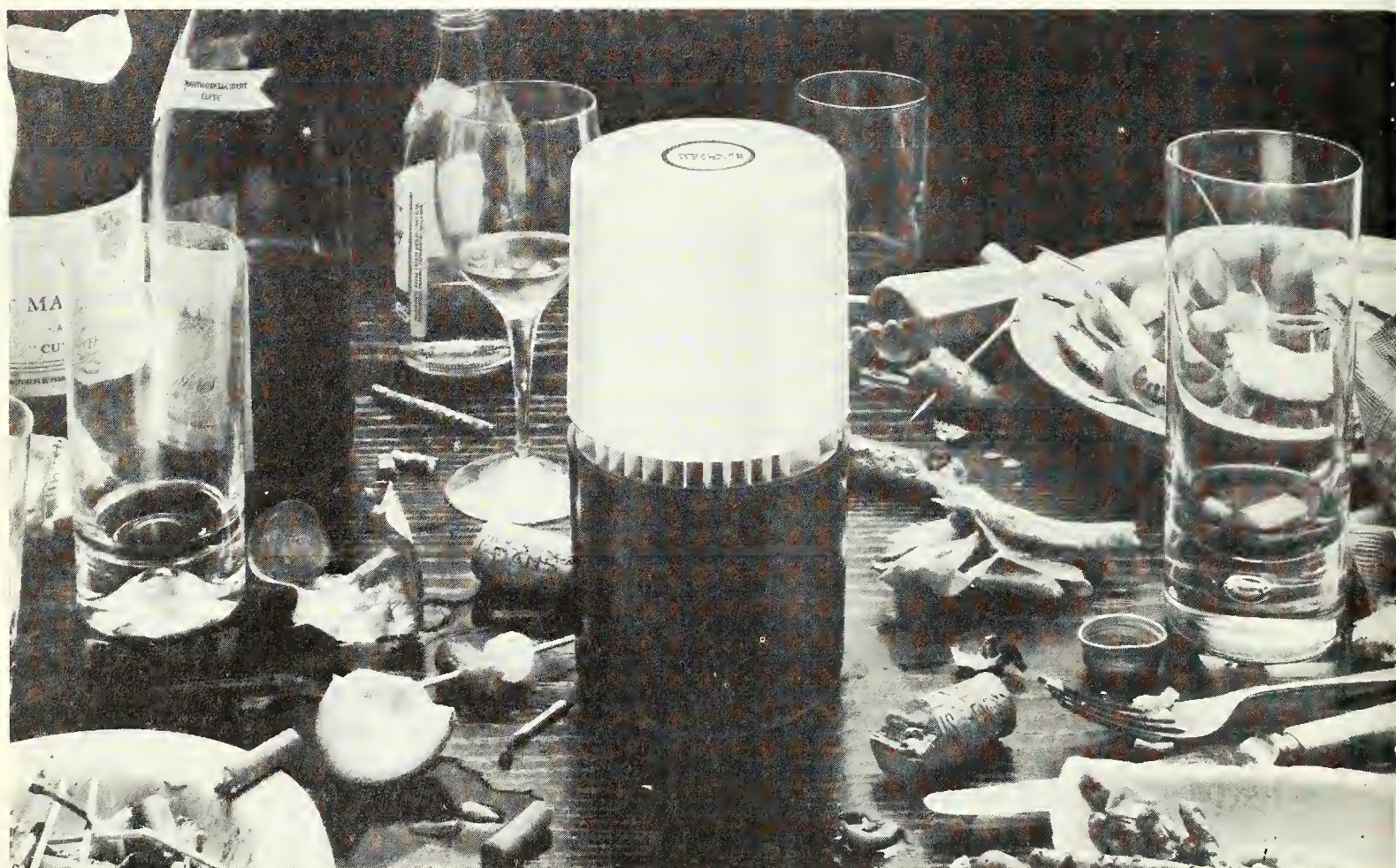
The most important factors in pharmacokinetics in regard to the elderly are the rate of elimination of the preparations taken either by renal excretion or hepatic metabolism. Renal function decreases with age and drugs such as digoxin, gentamicin and other aminoglycoside antibiotics, lithium and phenobarbitone must be given in reduced dose to avoid accumulation and toxicity. For some drugs, nomograms have been devised, especially in those with narrow therapeutic limits. Increased plasma concentrations of acidic drugs such as penicillin and salicylates may occur due to decreased capacity of renal tubular secretion. Such changes are naturally exaggerated in the presence of dehydration, heart or renal failure.

Many drugs are metabolised by the liver, and the liver's ability may also be reduced because of age. This results in the prolongation of the elimination half-life and means accumulation where dosage is repeated. There is also almost unpredictably much greater variation between the elderly and the young. Response to enzyme inducers is blunted in old people and thus higher plasma levels may be found. The recent conference on "Drugs and the elderly" in Dundee included reports that ageing led to a two or three-fold prolongation in the elimination half-life of diazepam and chlordiazepoxide but not of the closely related oxazepam and lorazepam. The elimination of diazepam

Continued on p755



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## Scottish conference

## Drugs and the elderly

Concluded from p753

was not prolonged in the elderly, yet a single dose of 10 mg causes significantly greater psychomotor impairment the next day in elderly subjects than in the young. This, it was suggested, may be due to increased receptor responsiveness and the same occurs with barbiturates. It is obvious that there is much to be learned about drug handling by older people.

Adverse drug reactions are common and increase with the number of drugs given. Seidl *et al* (1966) showed a steady increase with age in the proportion of hospital patients showing adverse reactions. This increased from 11.8 per cent in patients aged 41 to 50 to nearly 25 per cent in those over 80, and Hurwitz (1969) found the highest incidence of drug reactions, 21.3 per cent in hospital patients aged 70 to 79.

Time does not permit a long discussion on the need for correct labelling of drugs, the necessity for using appropriate containers, and the need for giving instruction to older people clearly and dogmatically. It will be realised early that certain of these elderly people cannot take their own medicines and that some typewritten form will require to be left at the house and instructions given to the nearest relative, friend, or if there is nobody, the district nurse, regarding the proper administration of the substance.

The problem of the defaulting patient is discussed by Wandless and Davie (1977). They note that the number of errors in taking tablets in a group of patients over 64 years of age was significantly reduced when the patients were given a written aid to memory as well as verbal instructions about their tablets. Mistakes, they say, may be due to poor vision—transparent containers and typed instructions on label may help. Perhaps the most important problem is to identify the "drug defaulter". Detailed instructions, however, are of value. Compliance is more likely if the numbers of drugs taken is less than three.

It would indeed be tragic if through lack of confidence in the system or inadequate instruction, older people were not receiving the appropriate drug for their condition. The modern pharmaceutical industry produces excellent preparations with a high degree of purity which can, in appropriate circumstances, help innumerable individuals. The right drug given at the right time will produce cure in many, many cases. For us who work with the elderly, continuing care is often just as important as complete cure, and here again there are many drugs available which will make life so much more pleasant for many elderly people, especially those nearing the end of their lives.

## Company News

## M&amp;B Aromatics to transfer to Lautier Fils in January

May & Baker Ltd announce that with effect from January 1, 1978, all interests managed by the aromatics department will be transferred to Lautier Fils Ltd at Chiswick (preliminary announcement in *C&D*, October 8, p543). Both companies are UK subsidiaries of Rhone-Poulenc.

Following the transfer, former M&B products will carry both the Lautier and M&B names for some months, and during 1978 all products will become identified as Lautier.

Steps have been taken to ensure continuity of supply and manufacturing standards. Three new sales divisions managed by executives who will transfer from M&B are to be formed within the Lautier organisation. The fragrances and flavours division will be managed by Mr D. J. McMally, the Rhone Poulenc aromatics and raw materials division by Mr B. W. Price, and the Industrial Division (Alamask products) by Mr R. C. W. Stotesbury.

From January 1, 1978, orders and inquiries for all M&B or Rhone-Poulenc Aromatic products in the UK should be addressed to Lautier Fils Ltd, Power Road, London, W4 5PJ (telephone 01-995 0555; telex 24596).

## Procter &amp; Gamble sales reach new record

Turnover of Procter & Gamble Ltd in the year to June 30 was a record in terms of both volume and value. The figure achieved was £163m compared with £135.5m in the previous year. Growth was balanced across the business, and exports increased almost one third to £31.2m.

However, the pre-tax profit was unchanged at £8m in spite of good progress in controlling unit costs. The directors consider that the profit level is disappointing and far from satisfactory in relation to the needs of the business.

## Thos Edmondson acquired

Carr's Milling Industries Ltd have acquired the agricultural chemists' business of Thos Edmondson Ltd, Cornmarket, Penrith, Cumbria. Mr T. J. Dods, MPS, proprietor of Thos Edmondson Ltd has been appointed a full-time director of Carr's agricultural merchandising subsidiary, Oliver & Snowden, Carlisle of which the Penrith business now forms part. Commenting on the acquisition Mr Ian Carr, chairman, Carr's Milling Industries, said their agricultural sector would

be able to compete for a bigger share of business particularly in crop protection and animal health products. Founded in 1726 Thos Edmondson's business was the subject of an article in *C&D*, April 17, 1954, p404, when extensive alterations were made to the premises.

## Briefly

**Aerosols International Ltd** have been awarded a £2.5m order for aerosol insecticides for Iran. This brings the company's export sales for the year so far to 133 per cent over the 1976 total.

**The National Research Development Corporation** announces in the annual report for the year ended March 31 a substantial increase in royalties from licensing agreements and in income from joint ventures with industry. A surplus of £10.62m before tax was achieved, against £3.73m in 1975/6, and the Corporation now has substantial cash available for investment in new technology projects.

## Appointments

**Vitabiotics Ltd:** Mr C. J. Abbott has been appointed to the board.

**Appleford Ltd:** Mr Brian Webb has been appointed quality control manager. He was formerly with H. J. Heinz and United Biscuits.

**Hall Forster & Co Ltd:** Mr A. H. Greenwell, BPharm, MPS, managing director of W. T. Coltman Ltd, has been appointed a director of Hall Forster, the parent company.

**Wellcome Foundation Ltd:** Mr R. E. Long has been appointed personnel manager for the UK. He has been personnel manager at the Dartford production centre for four years and is succeeded by Mr A. V. Freeman, the former personnel manager in London.

**Elan Corporation:** Professor J. G. Masterson, MD, FRCPI, FRCPath, MSc, has been appointed director of research and development. He will be responsible for co-ordinating research and development activities at the new laboratories shortly to be built at Athlone.

**Warner Lambert Group:** Mr Brian Elson, BPharm, MPS, has been appointed formulation and product development manager in the product development laboratories at Eastleigh. He previously held appointments with the Roussel, Crookes and Beecham organisations.

**Farley Health Products Ltd:** Mr Roland Bufton, BSc (Pharm), MPS, has been appointed commercial pharmacist dealing with OTC products. He joined Evans Medical after four years with E. R. Squibb and Sons, later moved to the Normandy factory of Glaxo France, and then became acting factory manager at Glaxo Laboratories (Ireland), Dublin. Mr Ray Edwards has been appointed product manager for Haliborange. He had been a product manager with Lesney Products Co Ltd since May 1976.



# Market News

## Early return from China

London, November 9: So far as essential oils and spices are concerned the current Canton fair has proved disappointing for the buyers most of whom have now returned home to the UK or Continent. They have concluded that their journey has been a waste of time on this occasion and think it would be pointless hanging on to the end of the fair in the hope that there would be any last minute bargains. Such offers that have been made could be matched or improved on in the London market.

Trading in spices during the week has been mainly quiet. There has however, been renewed interest in white pepper causing a rise of £10 ton. Offers of chillies, cinnamon bark and Dutch caraway seed were easier. Quotations for Indian cumin seed were out of tune with other sources by being some £550 ton on the plus side.

In botanicals currency changes failed to prevent rises in a number of items because of shortages. These included cascara for shipment, henbane, hydrastis, kola nuts, tonquin beans and witchhazel leaves. Lower were most balsams, Cape aloes and benzoin.

In essential oils spot Chinese anise was reduced in sympathy with shipment rates. There was a good demand for Brazilian peppermint in the forward position. Lemongrass and eucalyptus were a little firmer; camphor white and cassia were lower because of exchange rates.

## Pharmaceutical chemicals

**Acetarsol:** £12.12 kg in 50-kg lots.  
**Atropine:** (Per kg, in ½-kg lots) Alkaloid £133.70; methonitrate £102, methylbromide £124.40, sulphate £94.50.  
**Benzoic acid:** BP in 500-kg lots, £0.721 kg.  
**Butabarbital:** Acid and sodium £16 kg for 50-kg.  
**Butobarbitone:** Less than 100 kg £13.08 per kg.  
**Carbon tetrachloride:** BP 5-ton lots in 290-kg drums, £253 per metric ton.  
**Cinchocaine:** Base (5-kg lots) £73.18 kg; hydrochloride £69.89.  
**Cyclobarbitone:** Calcium £14.65 kg in 25-kg lots.  
**Dexpanthenol:** (Per kg) £11.61; 5-kg £10.61.  
**Ephedrine:** (Per kg in 50-kg lots) hydrochloride £16.40; Sulphate £18.  
**Ergometrine:** (50-g lots per g) maleate £7.05; tartrate £4.65.  
**Hyoscine:** Sulphate, 100-g lots £160.60 kg.  
**Hyoscine:** Hydrobromide £482.10 kg.

## Hypophosphites: £ per kg.

	12½ kg	50-kg
Calcium	4.20	3.94
Iron	7.19	6.92
Magnesium	6.63	6.02
Manganese	8.34	7.69
Potassium	5.76	5.46
Sodium	4.75	4.22

**Iodoform:** US NF £9.00 kg in 50-kg lots.  
**Isoprenaline:** Hydrochloride £60 kg; sulphate £50.  
**Kaolin:** BP natural £113.35 per 1,000 kg; light £118.45 ex-works in minimum 10-ton lots.

## Paraffin liquid: £ per litre

BPC grades	1-5 drums	6 drums	bulk
No 4	37.7	37.3	32.3
WA3	37.1	36.7	32.7
medium WA2	38.4	38.0	34.0
heavy	40.9	40.5	36.5
light technical WA23	34.4	34.0	30.0
WA21	35.8	35.4	31.4

**Pentobarbitone:** Less than 100-kg £16 kg; sodium £16.

**Petroleum jelly:** BP soft white £356.60 metric ton delivered UK; yellow BP £338.55.

**Phenobarbitone:** in 50-kg lots £11.50 kg; sodium £12.50.

**Phenylephrine hydrochloride:** From £80 kg according to quantity.

**Phthalylsulphathiazole:** 50 kg lots £3.56 kg.

**Quinalbarbitone:** Base and sodium in 25-kg lots £16.19 kg.

**Quinine:** (50-kg lots per kg) Alkaloid £100; bisulphate £77.25; dihydrochloride £98.25; hydrochloride £95.25; sulphate £88.25.

**Reserpine:** 100-g lots £0.20g.

**Saccharin:** BP in 250-kg lots £4.20 kg; sodium £3.69.

**Succinylsulphathiazole:** 50-kg lots £5.32 kg.

**Sulphacetamide sodium:** BP £7.25 kg for 50-kg.

**Sulphamidine:** 50-kg lots £5.20 kg.

**Sulphamethizole:** £8.26 kg in 1,000-kg lots.

**Sulphaquinoxaline:** BVetC £10.28 kg; sodium salt £12.71 kg both in 50-kg lots.

## Crude drugs

**Aloes:** Cape £1,150 ton spot; £1,120 c.i.f. Curacao £2,250 cif nominal.

**Balsams:** (kg) **Canada:** easier at £11.45 spot; £11.35 cif. **Copaiba:** £2.05 spot; £1.95 cif. **Peru:** £6.15 spot nominal; £6.05, cif. **Tolu:** £4.30 spot.

**Benzoin:** Block £104 cwt spot; £103 cif.

**Buchu:** Rounds £2.18 kg spot; £2 cif.

**Cardamom:** Alleppy green £6 kg, cif.

**Cascara:** £1,000 metric ton spot; £985 cif.

**Cherry bark:** spot £890 metric ton; £850, cif new.

**Cinnamon:** (cif) Seychelles bark £435 metric ton.

**Ceylon quills:** 4 o's £0.81 lb; featherings £340 metric ton.

**Cloves:** Madagascar or Comores £3,875 metric ton, cif.

**Cochineal:** Peruvian silver-grey £15 kg spot; £14.50, cif. Tenerife black £17.50, cif.

**Ginger:** Cochiti £1,275 ton, cif. Jamaican withdrawn: Nigerian split £1,200 spot; peeled £1,500, cif.

**Henbane:** Niger, £1,030 metric ton spot; £1,010, cif.

**Hydrastis:** (kg) £9.95 spot; £9.90, cif.

**Ipecacuanha:** (kg) Costa Rica £9.90, cif.

**Kola nuts:** £400 metric ton, cif, nominal.

**Menthol:** (kg) Brazilian £9.50 spot; £9.20, cif.

**Chinese:** £9.70 in bond; £9.00 cif.

**Pepper:** (ton) Sarawak black £1,370 spot; £1,260 cif. White £1,835 spot; £1,740, cif.

**Seeds:** (metric ton, cif) **Anise:** China star £8.40 nominal. **Caraway:** Dutch £1,000. **Celery:** Indian £820. **Coriander:** Moroccan £720 (Oct-Nov); Indian £550. **Cumin:** Egyptian £1,030; Turkish £1,040. Iranian £1,100. **Dill:** £175. **Maw:** £600.

**Witchhazel leaves:** Spot £2.50 kg; £2.40, cif.

## Essential oils

**Anise:** (kg) spot £14.50; shipment £14 cif.

**Camphor white:** £0.90 kg spot and cif.

**Cassia:** Shipment £55.50 kg, cif. English distilled from bark £120 kg.

**Citronella:** Ceylon £1.32 kg spot; and cif. Chinese 2.37 spot; £2.40, cif.

**Eucalyptus:** Chinese £2.05 kg spot and cif.

**Lemongrass:** Cochiti £4.70 kg spot; £4.50, cif.

**Peppermint:** (kg) Arvensis—Brazilian £4.90 spot; and cif. Chinese, £4.80 spot and cif. Piperata, American Far-West from £25, cif.

**The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.**

## Coming events

### Monday, November 14

**Nottingham Branch, Pharmaceutical Society,** Postgraduate medical centre, City Hospital, Hucknall Road, Nottingham, at 8 pm. Dr R. W. B. Scutt (consultant dermatologist, Scunthorpe General Hospital) on "History and mystery of tattoos—a not too hysterical approach."

### Tuesday, November 15

**Ayrshire Branch, Pharmaceutical Society,** Savoy Park Hotel, Ayr, at 8 pm. Mr G. Walker on "Pharmacy—what lies ahead?". Ladies and staff—Max Factor demonstration.

**Cambridgeshire Branch, National Pharmaceutical Association,** Purbeck House, Purbeck Road, at 8.15 pm. Mr T. P. Astill (deputy secretary, NPA) on "The Medicines Act—some bones of contention".

**Fife Branch, Pharmaceutical Society,** Ollerton Hotel, Kirkcaldy, at 7.45 pm. Mr G. D. Rillie (chairman, NPA) on "The National Pharmaceutical Association".

**Liverpool Branch, Pharmaceutical Society,** medical teaching centre, Hospital College, Mount Vernon Street, at 8.15 pm. Speakers, Mr A. J. Smith (chief executive, PSNC) and Mr M. D. Brining (financial executive, PSNC).

**Stirling and Central Scottish Branch, Pharmaceutical Society,** Station Hotel, Stirling, at 8 pm. Dr D. Bailey on "The drug alcohol".

### Wednesday, November 16

**Barnet Branch, Pharmaceutical Society,** Barnet postgraduate medical centre, at 7.15 pm. Professor J. M. Cameron on "Poison, accident, suicide or murder?".

**Crawley, Horsham and Reigate Branch, Pharmaceutical Society,** Ciba laboratories, Horsham, at 7.30 pm. Dr I. F. Jones on "Retail pharmacy, future viability".

**Socialist Medical Association,** House of Commons, at 7 pm. Dr John Yudkin and Sue Barlow on "Who needs the drug companies?".

**Sunderland Branch, Pharmaceutical Society,** Postgraduate medical centre, Sunderland, at 8 pm. Mr G. S. Graham (practising dentist) on "Hypnototherapy versus drugs".

**Worthing and West Sussex Branch, Pharmaceutical Society,** Beach Hotel, Marine Parade, Worthing, at 8 pm. Travel talk and film.

### Thursday, November 17

**Burnley Branch, Pharmaceutical Society,** Ram Inn, at 8 pm. Talk and questions on prescription pricing.

**Chelmsford Branch, Pharmaceutical Society,** County Hotel, Chelmsford, at 8 pm. Dinner and dance.

**Chemical Society,** biological methods group, Bivlington House, London W1, at 6.30 pm. Annual meeting, cheese and wine party and Sir David Evans on "Field trials of measles vaccines and isolation of a previously unknown pathogenic micro-organism".

**Dundee and Eastern Scottish Branch, Pharmaceutical Society,** Ninewells medical school, Dundee, at 7.30 pm. Mrs N. Davey on "Old Dundee and Broughty Ferry".

**Harrogate Branch, Pharmaceutical Society,** Postgraduate centre, Harrogate General Hospital, Knarborough Road, at 8 pm. Dr J. M. Tesh on "Drug interactions".

**Hull Chemists' Association,** Postgraduate Centre, Hull Royal Infirmary at 6.45 pm. Members dinner, guest speaker, Mr D. Sharpe, member of council on "Can I possibly wear 4 hats?".

**South-east Federation of Pharmacists,** Southover Grange, Lewes, at 8 pm. Mr T. P. Astill (deputy secretary, NPA) on "You, your workers and the law".

### Friday, November 18

**Northumbrian Branch, Pharmaceutical Society,** Armstrong Room, Centre Hotel, New Bridge Street, Newcastle, at 7.30 pm. Mr M. Thomas (MP, Newcastle east) on "The politician's view of pharmacy".

**Plymouth & District Branch, National Pharmaceutical Association,** Duke of Cornwall Hotel, Millbay, Plymouth at 8 pm. Jim Downing (assistant secretary, NPA) on "Profit from your accounts."

### Sunday, November 20

**Yorkshire Region, Pharmaceutical Society,** University of Bradford, Richmond Road, Bradford, at 10 am. Regional conference on "Pre-registration training."



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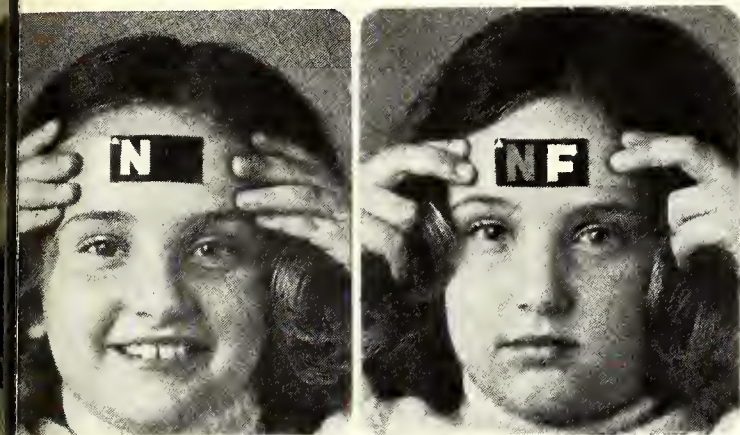
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